164692

Site

Database(s)

EDR ID Number **EPA ID Number**

TOWNSHIP OF CINNAMINSON **DEPT OF PUBLIC SAFETY** 900 MANOR RD, NJ 08077

UST

U000358865 N/A

UST:

Facility ID:

0085179 1/1/74 0:00:00 Facility Status:

Inactive

Install Date:

Unique Tank ID: 1.00

Facility Type:

C. County/Municipal

Owner Tank ID: E3

Operator:

Operator Address:

Not reported

Not reported

Owner:

TOWNSHIP OF CINNAMINSON

Owner Address:

900 MANOR RD

CINNAMINSON, NJ 08077

3000.00 Gallons

Tank Contents: Tank Construction: B. UNLEADED GASOLINE A. BARE STEEL H. OTHER: SPRAYED

Tank Structure:

Pipe Contents:

Tank Capacity:

A. SINGLE WALL

Pipe Structure:

A. BARE STEEL H. OTHER: SPRAYED

A. SINGLE WALL

Over Fill Products:

Yes

Spill Containment Around Fill Pipe:

Yes G. Removed

Tank Status: Date Tank Removed:

Not reported Not reported

Date Tank Abandoned in Place: Date Tank Taken Out of Service:

Not reported Not reported

Date of Tank Sale or Transfer: Tank Closure Number:

Not reported Not reported

Tank ISRA Number:

Not reported

Tank in Wellhead Protection Area: Is Facility in Compliance Rules:

NW CORNER OF NEW RIVER & PUB.RDS PALMYRA BURLINGTON, NJ 08065

UST

U000366136 N/A

EDR ID Number EPA ID Number

NW CORNER OF NEW RIVER & PUB.RDS (Continued)

U000366136

UST:

Site

Facility ID:

0183332

Install Date:

1/1/72 0:00:00 Unique Tank ID: 1.00

Facility Status:

Inactive

Facility Type:

B. COMMERCIAL/INDUSTRIAL

Owner Tank ID: 0001

Operator:

Operator Address:

Owner:

Not reported Not reported LEE MAIMON

Owner Address:

1930 EAST MARLTON PIKE

Tank Capacity:

Tank Contents:

P. OTHER HAZARDOUS SUBSTANCES: EMPTY

Tank Construction: Tank Structure: Pipe Contents: Pipe Structure:

A. SINGLE WALL A. BARE STEEL

Over Fill Products:

Spill Containment Around Fill Pipe:

Tank Status:

Date Tank Removed:

Date Tank Abandoned in Place: Date Tank Taken Out of Service: Date of Tank Sale or Transfer:

Tank Closure Number: Tank ISRA Number:

Tank in Wellhead Protection Area: Is Facility in Compliance Rules:

Facility ID:

0183332

Install Date: 1/1/72 0:00:00

Unique Tank ID: 2.00

Operator: Operator Address:

Owner:

Owner Address:

Tank Capacity: Tank Contents:

Tank Construction: Tank Structure:

Pipe Contents: Pipe Structure:

Over Fill Products: Spill Containment Around Fill Pipe:

Tank Status: Date Tank Removed:

Date Tank Abandoned in Place: Date Tank Taken Out of Service: Date of Tank Sale or Transfer: Tank Closure Number:

Tank ISRA Number: Tank in Wellhead Protection Area: Is Facility in Compliance Rules:

CHERRY HILL, NJ 08003 6000.00 Gallons

A. BARE STEEL

A. SINGLE WALL

No

No G. REMOVED

Not reported Not reported Not reported

Not reported Not reported Not reported Not reported

Not reported

Not reported

LEE MAIMON

Facility Status:

Inactive

Facility Type:

B. COMMERCIAL/INDUSTRIAL

Owner Tank ID:

0002

1930 EAST MARLTON PIKE CHERRY HILL, NJ 08003

6000.00 Gallons

P. OTHER HAZARDOUS SUBSTANCES: EMPTY A. BARE STEEL

A. SINGLE WALL A. BARE STEEL A. SINGLE WALL

No G. REMOVED

No

Not reported Not reported Not reported Not reported Not reported

Not reported Not reported

EDR ID Number EPA ID Number

Site

NW CORNER OF NEW RIVER & PUB.RDS (Continued)

U000366136

Facility ID:

0183332

Install Date:

1/1/72 0:00:00

Facility Status:

Inactive

Unique Tank ID: 3.00

Facility Type:

B. COMMERCIAL/INDUSTRIAL

Owner Tank ID:

0003

Operator:

Operator Address:

Not reported Not reported

Owner:

LEE MAIMON

8000.00 Gallons

Owner Address:

1930 EAST MARLTON PIKE CHERRY HILL, NJ 08003

Tank Capacity:

Tank Contents:

P. OTHER HAZARDOUS SUBSTANCES: EMPTY

Tank Construction: Tank Structure: Pipe Contents: Pipe Structure:

A. BARE STEEL A. SINGLE WALL A. BARE STEEL A. SINGLE WALL

Over Fill Products:

No Spill Containment Around Fill Pipe: No

Tank Status:

G. REMOVED

Date Tank Removed: Date Tank Abandoned in Place: Not reported Not reported Not reported

Date Tank Taken Out of Service: Date of Tank Sale or Transfer:

Not reported Not reported Not reported

Tank Closure Number: Tank ISRA Number:

Tank in Wellhead Protection Area: Not reported

Is Facility in Compliance Rules:

WASHINGTON PARK APTS 27 TH / 30TH ST CAMDEN, NJ

NJ Release:

Facility ID: Date Received:

1766 02/04/1993

Location: Other

Facility Phone: Not reported 02/04/1993

Date of Incident: Substance(s):

OIL HYDRAULIC

Substance Type: Liquid A310 Letter: Yes Hazrds Material: Yes COMU: 0408 Amnt Released: 2-GAL

Release Type: **Terminated** Injuries: Νo Public Exposure: Unknown Police at Scene: No Contamination of: Land

Caller:

Name: Address: CHRIS BOYLE

1001 FAIRVIEW ST

CAMDEN, NJ 609-541-2751

Telephone: Responsible Party:

Name:

Known

Contact:

CHRIS BOYLE

Address:

1001 FAIRVIEW ST

CAMDEN, NJ

NJ Release **NJ Spills**

S102190904

N/A

Case Number: 93-2-4-1017-11 **CARM** Operator:

Nature of Incident: Facility Facility Type:

Residential

Time of Incident:

10:15

Substance Identity: Known TCPA Chemical: No

CAS Number:

Not reported

Ref. Code:

101

Release VE: Contained:

Estimate Yes

Facility Evacuation: No Public Evacuation: No

Firemen at Scene: No Receiving Water: NONE

Title:

O'CONNOR CORP

Company:

Title:

O'CONNOR CORP **OPER SUPER**

EDR ID Number EPA ID Number

S102190904

Site

WASHINGTON PARK APTS (Continued)

Telephone:

609-541-2751

County: NJ Spill:

CAMDEN

Name: Telephone:

Not reported Not reported

Title:

Not reported

Date:

Not reported

Time:

Not reported

Local Municipality:

Name:

CAMDEN CITY

Municipality Title:

Telephone: Date:

609-757-7400 02/04/1993

Time:

DISP 752

Other:

Name:

Not reported

10:20

Telephone: Date:

Not reported Not reported Title: Time: Not reported Not reported

Incident: Name:

Date:

Region:

Not reported **BFO-SA**

Referred To: Telephone: Incident Time: DRPSR Faxed.Mailed Not reported

02/04/1993

ITM: Incident Description:

Wind Direction/Speed:

Spill

Assistance Requested:

Not reported

Date A310 Letter Printed:

No Not reported

Date Local Authority Was Notified:

Not reported Not reported

Date Update: Date Report Faxed to Local Authority:

Not reported Not reported

Local Authority Notification Date 1: Local Authority Notification Date 2:

Not reported Not reported

Local Authority Notification Date 3: Status at Spill:

PRODUCT DISCHARGED FROM RES PARTY VEHICLE ONTO BLACKTOP SURFACE:CLEANUP

IN PROGRESS.

Comments:

Not reported

NJ Spill:

Facility ID: Date Received:

1766

Location:

02/04/1993 Other

Facility Phone: Not reported 02/04/1993

Date of Incident: Substance(s):

OIL HYDRAULIC

Substance Type: A310 Letter:

Liquid Yes Hazrds Material: Yes

COMU: Amnt Released:

0408 2-GAL

Release Type:

Terminated

Injuries: Public Exposure: Unknown Police at Scene: No Contamination of: Land

Caller:

Name: Address: **CHRIS BOYLE** 1001 FAIRVIEW ST

CAMDEN, NJ 609-541-2751

Phone: Responsible Party:

Name: Contact: Known **CHRIS BOYLE**

Case Number: Operator:

93-2-4-1017-11 **CARM** Nature of Incident: Facility. Residential

Facility Type: Time of Incident:

10:15

Substance Identity: Known TCPA Chemical: No

CAS Number: Ref. Code:

Not reported 101

Release VE: Contained:

Estimate Yes Facility Evacuation: No

Public Evacuation: No Firemen at Scene: No Receiving Water: NONE

Title:

Title:

O'CONNOR CORP

Company:

O'CONNOR CORP **OPER SUPER**

EDR ID Number EPA ID Number

Site

WASHINGTON PARK APTS (Continued)

S102190904

Address:

1001 FAIRVIEW ST

CAMDEN, NJ

County: NJ Spill:

CAMDEN

Not reported

Name: Phone:

Not reported

Date:

Not reported

Local Municipality:

Name:

CAMDEN CITY 609-757-7400

Phone: Date:

02/04/1993

Other:

Name: Phone:

Not reported Not reported Not reported

Date: Incident:

> Name: Not reported **BFO-SA** Region: Date: 02/04/1993

ITM:

Incident Description: Wind Direction/Speed:

Assistance Requested:

Date A310 Letter Printed:

Date Local Authority Was Notified: Date Update:

Date Report Faxed to Local Authority:

Local Authority Notification Date 1: Local Authority Notification Date 2:

Local Authority Notification Date 3: Status at Spill: PRODUCT DISCHARGED FROM RES PARTY VEHICLE ONTO BLACKTOP SURFACE; CLEANUP

IN PROGRESS.

3400

Other

No

0408

2 GALS

03/08/1993

Not reported

Comments:

Not reported

ON ROADWAY RT.676' / NICKLE BLVD CAMDEN, NJ

NJ Release:

Facility ID: Date Received:

Location: Facility Phone:

Date of Incident: 03/08/1993 Substance(s): **GASOLINE**

Substance Type: Liquid A310 Letter: Hazrds Material: Yes

COMU:

Amnt Released: Release Type:

Terminated Injuries: No Public Exposure: No Police at Scene: Yes

Contamination of: Land Caller:

Name:

LT. MORAN

Address:

FOR CAMDEN CITY F.D.

Phone:

609-541-2751

Title:

Not reported

Time:

Not reported

Title:

DISP 752

Time:

10:20

Title:

Not reported

Time:

Not reported

Referred To: Telephone: Incident Time: DRPSR Faxed, Mailed Not reported

Spill

No

Not reported

NJ Release

S102191695

NJ Spills

Substance Identity: Known TCPA Chemical: Νö

Nature of Incident: Municipal

CAS Number:

Case Number:

Facility Type:

Time of Incident:

Operator:

Not reported 101

Ref. Code: Release VE:

Estimate Yes

93-3-8-1257-00

ROGER

12:26

Commercial

Contained: Facility Evacuation: No Public Evacuation: No Firemen at Scene: Yes Receiving Water: NONE

Title:

CAMDEN CTY COMM

ON ROADWAY (Continued)

S102191695

Telephone:

609-757-7500

Responsible Party:

Name: Contact:

UnKnown Not reported Not reported Not reported

Address: County: NJ Spill:

Name: Not reported Telephone:

Not reported Date: Not reported

Local Municipality:

Name: Telephone: Date:

CAMDEN CITY 609-757-7400 03/08/1993

Other:

Name: Not reported Telephone: Not reported Not reported

Date: Incident:

Name: Not reported **BFO-SA** Region: 03/08/1993

Date: ITM:

Incident Description: Wind Direction/Speed:

Assistance Requested: Date A310 Letter Printed:

Not reported Date Local Authority Was Notified: Not reported Date Update: Not reported Date Report Faxed to Local Authority: Not reported Local Authority Notification Date 1: Not reported Local Authority Notification Date 2: Not reported Not reported

Local Authority Notification Date 3:

MVA CAUSE OF SPILL. MATERIAL IS CONTAINED & BEING CLEANED UP. Status at Spill:

Spill, MVA

No

Not reported

Comments:

Not reported

NJ Spill:

Facility ID: 3400 Date Received: 03/08/1993 Location: Other Not reported Facility Phone: Date of Incident: 03/08/1993 Substance(s):

Substance Type: Liquid A310 Letter: No Hazrds Material: Yes COMU: 0408 Amnt Released: 2 GALS Release Type:

Injuries: Public Exposure: No Police at Scene: Yes Contamination of: Land

Caller:

Name:

LT. MORAN

Address:

FOR CAMDEN CITY F.D.

Phone:

609-757-7500

Company: Title:

Not reported Not reported

Telephone:

Not reported

Title:

Not reported

Time:

Not reported

Municipality Title:

Not reported

Time:

Not reported

Title:

Not reported

Time:

Not reported

Referred To:

Case Number:

Facility Type:

Time of Incident:

TCPA Chemical:

CAS Number:

Ref. Code:

Release VE:

Operator:

DRPSR Faxed Not reported

Telephone: Incident Time:

93-3-8-1257-00

ROGER

12:26

No

101

Commercial

Not reported

GASOLINE

Terminated

Title:

Estimate Yes

Contained: Facility Evacuation: No Public Evacuation: No Firemen at Scene: Yes Receiving Water: NONE

Nature of Incident: Municipal

Substance Identity: Known

CAMDEN CTY COMM

EDR ID Number EPA ID Number

ON ROADWAY (Continued)

S102191695

Responsible Party:

Name: Contact:

Address:

UnKnown Not reported

Not reported Not reported

County: NJ Spill:

Site

Name: Not reported Phone: Not reported Date: Not reported

Local Municipality:

Name: CAMDEN CITY Phone: 609-757-7400 03/08/1993 Date:

Other:

Name: Not reported Phone: Not reported Date: Not reported

Incident:

Name: Not reported Region: **BFO-SA** 03/08/1993 Date: ITM:

Incident Description: Wind Direction/Speed:

Assistance Requested: Date A310 Letter Printed:

Date Local Authority Was Notified: Date Update:

Date Report Faxed to Local Authority: Local Authority Notification Date 1: Local Authority Notification Date 2: Local Authority Notification Date 3:

Status at Spill: Comments:

Company: Title:

Not reported Not reported

Phone:

Not reported

-Title:

Not reported

Time:

Not reported

Title:

Not reported Not reported

Time: Title:

Not reported

Time:

Not reported

Referred To: Telephone: Incident Time: DRPSR Faxed Not reported

Not reported No

Spill,MVA

Not reported Not reported Not reported

Not reported Not reported Not reported

Not reported MVA CAUSE OF SPILL. MATERIAL IS CONTAINED & BEING CLEANED UP.

Not reported

NJ Release NJ Spills

S102221326 N/A

MAFCO WORLD WIDE C 3RD ST / JEFFERSON CAMDEN, NJ

NJ Release:

Facility ID: 18085 Date Received: 11/11/1995 Location: Facility Facility Phone: 609-964-8840 Date of Incident: 11/11/1995

Substance(s): OIL FUEL #2 Substance Type: Liquid A310 Letter: Yes 'Hazrds Material:

Yes

COMU: 0000 Amnt Released: 2000 GALS. Release Type: **Terminated**

Injuries: No Public Exposure: No Police at Scene: No

Contamination of: Land, Water

Caller:

Name: **GUY DIETRICH**

Case Number:

95-11-11-0844-45

Operator: Nature of Incident: Facility Facility Type:

JOEG Industrial Time of Incident: 08:30

Substance Identity: Known TCPA Chemical: No

CAS Number: Not reported Ref. Code: 002 Release VE: **Estimate** Contained: 1 Yes Facility Evacuation: No Public Evacuation: No

Firemen at Scene: No Receiving Water:

DELEWARE RIVER

Title:

MAFCO WORLD WIDE C

Company:

Telephone:

Municipality Title:

Title:

Title:

Time:

Time:

Title:

Time:

Referred To:

Telephone:

Incident Time:

Referred To:

Telephone:

Incident Time:

Database(s)

MAFCO WORLD WIDE C

Not reported

609-964-8840

Not reported

Not reported

Not reported

Not reported

Not reported

Not reported

DRPSR

Faxed

DFG

Faxed

FAXED

N/A

EDR ID Number EPA ID Number

S102221326

MAFCO WORLD WIDE C (Continued)

Address:

Site

3RD ST & JEFFERSON

CAMDEN, NJ

Telephone:

609-964-8840

Responsible Party:

Name:

Known

Contact: Address: **GUY DIETRICH** 3RD ST & JEFFERSON

CAMDEN, NJ

County:

CAMDEN

NJ Spill:

Name: NJSP-OEM Telephone: Not reported

Date:

11/11/1995

Local Municipality:

Name:

---DRILL---

Telephone: Date:

11/11/1995

Other:

N/A

Name:

Not reported Not reported

Telephone: Date:

Not reported

Incident:

Name:

Not reported

Region: Date:

ER2 11/11/1995

ITM:

TM

Name:

Not reported Not reported

Region: Date:

11/11/1995

ITM:

Incident Description:

Wind Direction/Speed:

Assistance Requested:

Date A310 Letter Printed:

Date Local Authority Was Notified:

Date Update:

Date Report Faxed to Local Authority: Local Authority Notification Date 1:

Local Authority Notification Date 2:

Local Authority Notification Date 3: Status at Spill:

DRILL!!!

18085

Yes

11/11/1995

Comments:

Not reported

Spill

No

Not reported

11/11/1995

Not reported

Not reported

Not reported

Not reported

Not reported

NJ Spill:

Facility ID:

Date Received:

Location:

Facility Facility Phone: 609-964-8840 11/11/1995

Date of Incident:

Substance(s): OIL FUEL #2 Substance Type: Liquid

A310 Letter:

Hazrds Material: Yes COMU: 0000

Amnt Released: Release Type:

2000 GALS. Terminated

Case Number:

95-11-11-0844-45 **JOEG**

Operator:

Nature of Incident: Facility Facility Type: Industrial

Time of Incident:

08:30

Substance Identity: Known TCPA Chemical: No

CAS Number:

Ref. Code:

Not reported 002

Release VE: Contained:

Estimate

Yes

TC465843.1p Page 8 of 193

MAFCO	WORLD	WIDE C	(Continued)
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S102221326

Injuries: No Public Exposure: No Police at Scene: No

Contamination of: Land, Water

Caller:

Name: Address:

GUY DIETRICH

3RD ST & JEFFERSON CAMDEN, NJ

Phone: 609-964-8840

Responsible Party:

Name: Contact: Known **GUY DIETRICH**

Address:

3RD ST & JEFFERSON

CAMDEN, NJ **CAMDEN**

County: NJ Spill:

Name: Phone:

NJSP-OEM Not reported 11/11/1995

Local Municipality:

Name: Phone:

---DRILL---N/A 11/11/1995

Date: Other:

Date:

Name: Not reported Phone: Not reported Not reported

Date: Incident:

Not reported Name: Region: ER2 11/11/1995

Date: ITM:

TM Name: Not reported Region: Not reported Date: 11/11/1995

ITM:

Т Name: Not reported Region: Not reported Date: Not reported

ITM: Not reported Incident Description:

Wind Direction/Speed: Assistance Requested:

Date A310 Letter Printed: Date Local Authority Was Notified:

Date Update:

Not reported Date Report Faxed to Local Authority: Not reported Not reported

Spill

No

Not reported

11/11/1995

Not reported

Not reported

Not reported

Local Authority Notification Date 1: Local Authority Notification Date 2: Local Authority Notification Date 3:

Status at Spill: DRILL!!! Comments:

Facility Evacuation: No Public Evacuation: No Firemen at Scene: No

Receiving Water: DELEWARE RIVER

Title:

MAFCO WORLD WIDE C

Company:

MAFCO WORLD WIDE C

Title:

Not reported

Phone:

609-964-8840

Title:

FAXED

Time:

Not reported

Title:

N/A

Time:

Not reported

Title:

Not reported

Time:

Not reported

Referred To: Telephone: Incident Time: DRPSR Faxed Not reported

Referred To: Telephone: Incident Time: DFG Not reported Not reported

Referred To: Telephone: Incident Time: DFG Not reported Not reported Site

Database(s)

EDR ID Number EPA ID Number

MORGAN VILLAGE MIDDLE SCHOOL 10TH & MORGAN BLVD & FAIRVIEW ST CAMDEN, NJ 08103

UST

U002155935 N/A

UST:

Facility ID:

0238548 1/1/71 0:00:00 Facility Status:

Inactive

Install Date: Unique Tank ID: 1.00

Facility Type:

B. COMMERCIAL/INDUSTRIAL

Owner Tank ID:

E1

Operator:

Operator Address:

Not reported

Owner:

Not reported

Owner Address:

CAMDEN BOARD OF EDUCATION 1800 OFFICE BLDG WEST 3RD FLOOR

2100 FERRY AVENUE

CAMDEN, NJ 08104 10000.00 Gallons

Tank Capacity: Tank Contents:

H. HOME HEATING OIL (NO. 2) A. BARE STEEL

Tank Construction: Tank Structure: Pipe Contents: Pipe Structure: Over Fill Products:

A. SINGLE WALL A. BARE STEEL A. SINGLE WALL

No

Spill Containment Around Fill Pipe:

Tank Status:

No G. REMOVED 11/11/92 C92-2537

Date Tank Removed:

Not reported Not reported

Date Tank Abandoned in Place: Date Tank Taken Out of Service:

Not reported Not reported Not reported

Date of Tank Sale or Transfer: Tank Closure Number: Tank ISRA Number:

Not reported Not reported

Tank in Wellhead Protection Area: Is Facility in Compliance Rules:

10TH STREET SOUTH EAST & STATE STREET E 10TH SE / STATE ST E CAMDEN, NJ

SHWS

S103029723

N/A

SHWS:

Facility ID:

NJL800212409

Case Status: Contact:

CEA/DER:

ACTIVE BFO-S Facilty Status: OPEN

Not reported

Case ID:

960329144557

Status Date:

05/22/1996

CHEMICAL TECHNOLOGIES 17TH ST / RIVER RD & STATE ST CAMDEN, NJ

SHWS

S103029737 N/A

SHWS:

Facility ID:

NJL000042952

Contact:

Case Status: ACTIVE

Facilty Status: OPEN

BUST

CEA/DER:

Not reported

Case ID:

0242255

Status Date:

06/24/1994

MCGUIRE GARDENS 20TH ST-RANDOLPH ST CAMDEN, NJ

NJ Release NJ Spills

S102486590 N/A

NJ Release:

Facility ID:

14835 Date Received: 09/17/1996 Location: Other

Facility Phone: Not reported Date of Incident: 09/17/1996 Substance(s): LEAD

CADMIUM

Substance Type: Not reported

A310 Letter: Yes Hazrds Material: Yes COMU: 0408

UNKNOWN Amnt Released: Release Type: Terminated Injuries: No

Public Exposure: No Police at Scene: No Contamination of: Land

Caller:

JOHN DUGGAN Name:

23 SO WARREN ST Address:

TRENTON, NJ

Telephone: 609-393-4089

Responsible Party:

Name:

Known Contact: HARRY JACKSON

Address: 519 FEDERAL ST

CAMDEN, NJ

County: **CAMDEN**

NJ Spill:

Name: . Not reported Telephone: Not reported

Date: Not reported

Local Municipality:

Name: Telephone: **CAMDEN CITY** 609-757-7400

Date:

09/17/1996

Other: Name:

Not reported Telephone: Not reported Date: Not reported

Incident:

Name: Not reported Region: **BFO-CAS** 09/17/1996 Date:

ITM:

Incident Description:

Wind Direction/Speed:

Assistance Requested: Date A310 Letter Printed:

Date Local Authority Was Notified: Date Update: Date Report Faxed to Local Authority:

Local Authority Notification Date 1: Local Authority Notification Date 2:

Not reported Not reported Not reported Not reported

Not reported

Not reported

Not reported

No

Soil Contamination

Case Number: 96-9-17-1736-19

Operator: DIANNE Nature of Incident: Other Facility Type: Residential Time of Incident: 17:00

Substance Identity: Known TCPA Chemical: No CAS Number: 7440439 Ref. Code: 101

Release VE: Not reported Contained: Unknown Facility Evacuation: No Public Evacuation: No Firemen at Scene: No

Receiving Water: Not reported

Title:

GA ENV SSERVICES

Company: **CAMDEN HOUSING AUTH**

PROG ADMIN Title:

Telephone: 609-968-6107

Title: Not reported

Time: Not reported

Municipality Title: OFC. PENNA

Time: 17:43

Title: Not reported

Time: Not reported

Referred To: **DRPSR** Telephone: Not reported Incident Time: Not reported

TC465843.1p Page 11 of 193

EDR ID Number **EPA ID Number**

MCGUIRE GARDENS (Continued)

S102486590

Local Authority Notification Date 3: Not reported

14835

LEAD

Yes

UNKNOWN

09/17/1996

TESTS TAKEN, RESULTS SHOW SOIL CONTAMINATED WITH ABOVE PRODUCTS. CLEAN Status at Spill:

UP WILL BE UNDER THE DIRECTION OF CAMDEN HOUSING AUTHORITY.

CHART H Comments:

NJ Spill:

Facility ID:

Date Received:

Location:

Other Facility Phone: Not reported Date of Incident: 09/17/1996

Substance(s):

CADMIUM Substance Type: Not reported

A310 Letter:

Hazrds Material: Yes COMU: 0408

Amnt Released: Release Type:

Terminated Injuries:

Public Exposure: No Police at Scene: No Contamination of: Land

Caller:

Name: Address: JOHN DUGGAN

23 SO WARREN ST TRENTON, NJ

Phone: 609-393-4089

Responsible Party

Name:

Contact: HARRY JACKSON Address:

519 FEDERAL ST CAMDEN, NJ **CAMDEN**

Known

County:

NJ Spill:

Name: Not reported Phone: Not reported

Not reported Date:

Local Municipality:

Name: Phone:

Not reported Not reported

Date: Other:

Not reported Not reported

Name:

Phone:

Not reported Not reported

Date:

Incident:

Name: Region:

Not reported Not reported

ITM:

Date:

Not reported

Not reported

Incident Description:

Wind Direction/Speed: Assistance Requested:

Date A310 Letter Printed: Date Local Authority Was Notified:

Date Update:

Soil Contamination

Not reported

Not reported No

Not reported Not reported Case Number:

96-9-17-1736-19 DIANNE

Operator: Nature of Incident: Other Facility Type:

Residential 17:00

Time of Incident:

Substance Identity: Known TCPA Chemical: No CAS Number: 7440439 Ref. Code: 101 Not reported

Release VE: Contained:

Unknown Facility Evacuation: No Public Evacuation: No Firemen at Scene: No

Receiving Water: Not reported

Title:

GA ENV SSERVICES

Company:

CAMDEN HOUSING AUTH

PROG ADMIN Title:

Phone:

609-968-6107

Title:

Not reported

Time:

Not reported

Title:

Not reported

Time:

17:43

Title:

Not reported

Time:

Not reported

Referred To: Telephone: Incident Time: Not reported Not reported Not reported

EDR ID Number EPA ID Number

MCGUIRE GARDENS (Continued)

S102486590 ;

Date Report Faxed to Local Authority: Not reported Local Authority Notification Date 1: Not reported

Local Authority Notification Date 2:

Not reported

Status at Spill:

Not reported

Local Authority Notification Date 3:

TESTS TAKEN, RESULTS SHOW SOIL CONTAMINATED WITH ABOVE PRODUCTS. CLEAN

UP WILL BE UNDER THE DIRECTION OF CAMDEN HOUSING AUTHORITY.

Comments:

N/S OF & 2 POLES E OF HARRISON **NORTH 20TH ST**

CAMDEN, NJ NJ Release:

Site

Facility ID: Date Received:

1759 02/02/1994

Location: Facility Phone:

Other Not reported 02/02/1994

Date of Incident: Substance(s):

OIL TRANSFORMER NON-PCB

Substance Type: Liquid A310 Letter: Yes Hazrds Material: Yes

COMU: 0408 Amnt Released: 1 GAL

Release Type: Terminated Injuries: No Public Exposure: No Police at Scene: No

Contamination of: Land Caller:

Name: Address:

WALT CHRZANOWSKI 300 NEW ALBANY RD

MOORESTOWN, NJ 609-778-6853

Telephone: Responsible Party:

Name:

Contact: Address:

GEORGE BOWLEY 300 NEW ALBANY RD

MOORESTOWN, NJ **BURLINGTON** County:

NJ Spill:

Known

Name:

Telephone: Date:

Not reported Not reported Not reported

Local Municipality: **CAMDEN CITY**

Name: Telephone: Date:

609-757-7400 02/02/1994

Other:

Name: Telephone: Date:

Not reported Not reported Not reported

Incident:

Name: Not reported Region: **BFO-CAS** Date: 02/02/1994 ITM:

Incident Description:

Spill

NJ Release NJ Spills

S102201620 N/A

Case Number: 94-2-2-1402-06

Operator: RICH Nature of Incident: Other Facility Type: Residential Time of Incident: 13:00

Substance Identity: Known TCPA Chemical: No CAS Number: Not reported

Ref. Code: 101 Release VE: **Estimate** Contained: Yes Facility Evacuation: No Public Evacuation: No

Firemen at Scene: No Receiving Water: Not reported

Title:

PSE&G

Company:

PSE&G

Title:

ENVIR COORD

Telephone:

609-778-6853

Title:

Not reported

Time:

Not reported

Municipality Title:

DISP ALLEN

Time:

14:06

Title:

Not reported

Time:

Not reported

Referred To: Telephone: Incident Time:

Faxed, Mailed

Not reported

DRPSR

N/S OF & 2 POLES E OF HARRISON (Continued)

S102201620

Wind Direction/Speed: Not reported Assistance Requested: No Date A310 Letter Printed: Not reported Date Local Authority Was Notified: Not reported Date Update: Not reported Date Report Faxed to Local Authority: Not reported

Local Authority Notification Date 1: Not reported Local Authority Notification Date 2: Not reported Not reported

Local Authority Notification Date 3: Status at Spill:

TRANSFORMER FAILED AND OIL FELL ON GROUND AT BASE OF POLE, CONTAINED

AND CLEANED UP BY PSE&G

Comments: Not reported

NJ Spill:

Facility ID:

Location:

1759 Date Received: 02/02/1994 Other Not reported

Facility Phone: Date of Incident: 02/02/1994 Substance(s): **OIL TRANSFORMER NON-PCB**

Substance Type: Liquid A310 Letter: Yes Hazrds Material: Yes COMU: 0408

Amnt Released: 1 GAL Release Type: Terminated

Injuries: No Public Exposure: No Police at Scene: No Contamination of: Land

Caller: Name: Address:

Phone:

WALT CHRZANOWSKI 300 NEW ALBANY RD

MOORESTOWN, NJ 609-778-6853

Responsible Party:

Name: Contact: Address:

GEORGE BOWLEY 300 NEW ALBANY RD

MOORESTOWN, NJ

County:

BURLINGTON

Known

NJ Spill:

Name: Not reported Phone: Not reported Date: Not reported

Local Municipality:

Name: Phone: **CAMDEN CITY** 609-757-7400 02/02/1994

Date: Other:

Name: Not reported Phone: Not reported Date: Not reported

Incident:

Not reported Name: **BFO-CAS** Region: 02/02/1994 Date:

Case Number: Operator:

94-2-2-1402-06 RICH

Nature of Incident: Other Facility Type: Residential Time of Incident: 13:00

Substance Identity: Known TCPA Chemical: No

CAS Number: Not reported Ref. Code: 101 Release VE: Estimate Contained: Yes Facility Evacuation: No Public Evacuation: No

Firemen at Scene: No Receiving Water: Not reported

Title:

PSE&G

Phone:

Title:

Company:

PSE&G

ENVIR COORD

609-778-6853

Title:

Not reported

Time:

Not reported

Title:

DISP ALLEN

Time:

14:06

Title: Time: Not reported Not reported /

Referred To: Telephone: Incident Time: DRPSR Faxed, Mailed Not reported

Site

Database(s)

EDR ID Number EPA ID Number

S102201620

N/S OF & 2 POLES E OF HARRISON (Continued)

ITM:

Incident Description:

Spill

Wind Direction/Speed:

Not reported

Assistance Requested: Date A310 Letter Printed: No

Not reported

Date Local Authority Was Notified:

Not reported

Date Update:

Not reported

Date Report Faxed to Local Authority: Local Authority Notification Date 1:

Not reported

Local Authority Notification Date 2:

Not reported

Not reported

Local Authority Notification Date 3:

Not reported

Status at Spill:

TRANSFORMER FAILED AND OIL FELL ON GROUND AT BASE OF POLE, CONTAINED

AND CLEANED UP BY PSE&G

Comments:

Not reported

INTERNATIONAL CUSTOMER CORPORATION **222 TO 230 LIBERTY ST** CAMDEN, NJ

SHWS

S103029745

N/A

SHWS:

Facility ID:

NJL800071870

Case ID:

9107221651

Case Status: Contact:

ACTIVE BFO-S

02/13/1996

Facilty Status: OPEN CEA/DER:

Not reported

Status Date:

VACANT LOT AT 25TH AVE-PIERCE AVE

CAMDEN, NJ

NJ Release NJ Spills

S102210352 N/A

NJ Release:

Facility ID:

19609

Case Number:

Date Received: Location:

11/02/1994

11/02/1994

Terminated

OIL HEATING

Operator:

94-11-2-1606-23

Other

DIANNE

Facility Phone: Not reported Nature of Incident: Municipal Facility Type:

Residential

14:50

Date of Incident: Substance(s):

Time of Incident:

Substance Identity: Known

Substance Type: Liquid A310 Letter: No

TCPA Chemical:

No

Hazrds Material: Yes

CAS Number:

Not reported

COMU:

Ref. Code:

101

0408 Amnt Released: UNKNOWN

Release VE:

Release Type:

Not reported

Injuries: No Contained:

Yes

Public Exposure: No

Facility Evacuation: No

Public Evacuation: No

Firemen at Scene: No

Receiving Water: Not reported

Police at Scene: No Contamination of: Land

Caller:

CYRUS SAXON

Name:

Title:

CAMDEN OEM

Telephone:

Address:

Responsible Party:

CAMDEN, NJ

609-757-7090

Company:

Contact:

Name:

Known CYRUS SAXON **6TH-MARKET ST**

Title:

CITY OF CAMDEN EMER MNGT CO

Address:

CAMDEN, NJ CAMDEN

Telephone:

609-757-7090

County:

NJ Spill:

EDR ID Number EPA ID Number

S102210352

VACANT LOT AT (Continued)

Title:

Not reported

Name: Telephone: Date:

Not reported Not reported Not reported

Time:

Not reported

Local Municipality: Name:

Not reported

Not reported

Telephone: Date:

Not reported Not reported

Time:

Municipality Title:

Not reported

Other:

Name: Not reported Telephone:

Title:

Not reported

Date:

Not reported Not reported

Time:

Not reported

Incident:

Name: Not reported Region: **BFO-CAS** 11/02/1994 Date:

Referred To: Telephone: Incident Time: DRPSR Faxed, Mailed Not reported

ITM:

Incident Description: Wind Direction/Speed:

U.S.T. Not reported

Assistance Requested:

No Not reported

Date A310 Letter Printed:

Not reported

Date Local Authority Was Notified: Date Update:

Not reported Not reported

Date Report Faxed to Local Authority: Local Authority Notification Date 1:

Not reported Not reported

Local Authority Notification Date 2: Local Authority Notification Date 3:

Not reported 1-250 GAL UST HIT WHILE TEARING DOWN BLDG, CAUSING SOIL CONTAMINATION.

Status at Spill:

CLEAN UP WILL BE DONE BY CITY OF CAMDEN.

Comments:

Not reported

NJ Spill:

Facility ID: Date Received:

Location:

19609

11/02/1994 Other

Not reported

Facility Phone: Date of Incident: 11/02/1994 Substance(s):

OIL HEATING Substance Type: Liquid

A310 Letter: No Hazrds Material: Yes COMU: 0408

Amnt Released: Release Type:

UNKNOWN Terminated

Injuries: Public Exposure: No Police at Scene: No

Contamination of: Land

Caller:

Name:

CYRUS SAXON

Address: Phone:

CAMDEN, NJ 609-757-7090

Responsible Party:

Name:

Known

Contact: Address: CYRUS SAXON **6TH-MARKET ST**

CAMDEN, NJ

County:

CAMDEN

Case Number:

94-11-2-1606-23

Operator:

DIANNE Nature of Incident: Municipal Residential

Facility Type: Time of Incident:

14:50

Substance Identity: Known

TCPA Chemical: No CAS Number:

Not reported

Ref. Code: Release VE: 101

Contained:

Not reported

Yes Facility Evacuation: No Public Evacuation: No

Firemen at Scene: No

Receiving Water: Not reported

Title:

CAMDEN OEM

Company:

CITY OF CAMDEN **EMER MNGT CO**

Phone:

Title:

609-757-7090

Site

Database(s)

EDR ID Number EPA ID Number

S102210352

VACANT LOT AT (Continued)

NJ Spill:

Name: Not reported Not reported Phone:

Not reported Date:

Local Municipality:

Name: Not reported Phone: Not reported

Date: Other:

Not reported Name: Phone: Not reported Not reported Date:

Not reported

Incident:

Name: Not reported Region: **BFO-CAS** 11/02/1994 Date:

ITM:

R Incident Description:

Wind Direction/Speed: Assistance Requested:

Date A310 Letter Printed: Date Local Authority Was Notified: Date Update:

Date Report Faxed to Local Authority: Local Authority Notification Date 1:

Local Authority Notification Date 2: Local Authority Notification Date 3:

Status at Spill:

1-250 GAL UST HIT WHILE TEARING DOWN BLDG, CAUSING SOIL CONTAMINATION.

CLEAN UP WILL BE DONE BY CITY OF CAMDEN.

U.S.T.

No

Not reported

Comments:

Not reported

PAVONIA RAIL YARD 27TH ST CAMDEN, NJ

NJ Release:

Facility ID: 9619 Date Received: 06/03/1994 Location: Facility Facility Phone: Not reported Date of Incident: 06/03/1994

Substance(s): HYDROGEN PEROXIDE Substance Type: Liquid

A310 Letter: Yes Hazrds Material: Yes 0408 COMU:

Amnt Released: UNK Release Type: Continuous

Injuries: No Public Exposure: No Police at Scene: No Contamination of: Land

Caller:

Name: Address: MR. GLOEDE

1000 HOWARD BLVD MOUNT LAUREL, NJ

609-231-2393 Telephone:

Responsible Party:

Title:

Not reported

Time:

Not reported

Title:

Not reported

Time:

Not reported

Title:

Not reported

Time:

Not reported

Referred To: Telephone: Incident Time:

DRPSR Faxed.Mailed Not reported .

NJ Release NJ Spills

S102205470 N/A

Case Number:

94-6-3-1854-17 Operator: JIMH Nature of Incident: Facility Industrial

Facility Type: Time of Incident:

18:00

Substance Identity: Known TCPA Chemical: No CAS Number: 7722841 Ref. Code: 002

Release VE:

Not reported

Contained: No Facility Evacuation: No Public Evacuation: No Firemen at Scene: Yes

Receiving Water: Not reported

Title:

CONRAIL

PAVONIA RAIL YARD (Continued)

S102205470

Name:

Known

Contact: Address: MR. GLOEDE

27TH ST CAMDEN, NJ

CAMDEN

County:

NJ Spill:

Name: Not reported Telephone: Not reported Date:

Not reported

Local Municipality:

Name: Telephone: **CAMDEN CITY** 609-757-7400

Date:

06/03/1994

Other:

Name: Not reported Telephone:

Date:

Not reported Not reported

Incident:

Name: **B.WINTERBURN** Region:

Date: -

ER2 06/03/1994

ITM:

Incident Description: Wind Direction/Speed:

Assistance Requested: Date A310 Letter Printed:

Date Local Authority Was Notified: Date Update:

Date Report Faxed to Local Authority: 06/03/1994 Local Authority Notification Date 1: Local Authority Notification Date 2:

Local Authority Notification Date 3: Status at Spill:

Not reported

NJ Spill:

Facility ID: Date Received:

Location: Facility Facility Phone: Not reported Date of Incident: 06/03/1994

Substance(s):

Substance Type: Liquid A310 Letter: Yes Hazrds Material: Yes COMU: 0408 UNK Amnt Released: Release Type: Continuous

Injuries: No Public Exposure: No Police at Scene: No Contamination of: Land

Name: Address:

MOUNT LAUREL, NJ

Phone:

609-231-2393

Company:

CONRAIL

SUPER

Telephone:

Not reported

Title:

Title:

Not reported

Time:

Not reported

Municipality Title:

HOOGERWERFF

Time:

19:06

Title:

Not reported

Time:

Not reported

Referred To: Telephone:

DRPSR Paged, Faxed

Incident Time: 19:04

Not reported LEAK FROM RAIL CAR TO GROUND. CONTRACTOR IS ENROUTE

Comments:

Spill

No

Not reported

06/03/1994

Not reported Not reported

Not reported

Not reported

9619 06/03/1994

HYDROGEN PEROXIDE

Caller:

MR. GLOEDE

1000 HOWARD BLVD

Case Number: Operator:

94-6-3-1854-17 JIMH

Nature of Incident: Facility Facility Type: Time of Incident:

Industrial 18:00

Substance Identity: Known TCPA Chemical: No CAS Number: 7722841 Ref. Code: 002 Release VE: Not reported

Contained: No Facility Evacuation: No Public Evacuation: No Firemen at Scene: Yes Receiving Water: Not reported

Title:

CONRAIL

EDR ID Number EPA ID Number

Site

PAVONIA RAIL YARD (Continued)

S102205470

Responsible Party:

Name:

Known

Contact: Address: MR. GLOEDE

27TH ST

CAMDEN, NJ

CAMDEN

County: NJ Spill:

Name:

Not reported Not reported

Phone: Date:

Local Municipality:

Name: Phone: **CAMDEN CITY** 609-757-7400 06/03/1994

Not reported

Date: Other:

Not reported Name: Phone: Not reported Not reported

Date:

Incident: Name:

B.WINTERBURN ER2

Region: Date: ITM:

06/03/1994

Incident Description:

Wind Direction/Speed: Assistance Requested:

Date A310 Letter Printed: Date Local Authority Was Notified:

Date Update: Date Report Faxed to Local Authority: Local Authority Notification Date 1:

Local Authority Notification Date 2: Local Authority Notification Date 3:

Status at Spill:

LEAK FROM RAIL CAR TO GROUND. CONTRACTOR IS ENROUTE

Spill

No

06/03/1994

Not reported

Not reported

Not reported

06/03/1994

Comments:

Not reported

CONRAIL **27TH ST** CAMDEN, NJ

NJ Release:

Facility ID: Date Received:

Location: Facility Phone: Date of Incident:

Substance(s): Substance Type: Liquid

A310 Letter: Hazrds Material:

COMU: Amnt Released:

Release Type: Injuries: No Public Exposure: No Police at Scene: No Contamination of: Air, Land

Caller:

Company:

Title:

CONRAIL

SUPER

Phone:

Not reported

Title:

Not reported

Time:

Not reported

HOOGERWERFF

Title:

19:06

Time: Title:

Not reported

Time:

Not reported

Referred To: Telephone: Incident Time: DRPSR Paged, Faxed 19:04

Not reported

Not reported Not reported

> **NJ Release NJ Spills**

94-7-6-0604-05

Commercial

JOEG

04:15

Yes

050

Yes

7697372

Estimate

S102206524 N/A

11849

07/06/1994 Facility Not reported

07/06/1994 **NITRIC ACID**

Yes Yes

0408 <1 GAL.

Terminated

Firemen at Scene: No Receiving Water: Not reported

Facility Evacuation: No

Public Evacuation: No

Case Number:

Facility Type:

Time of Incident:

TCPA Chemical:

CAS Number:

Ref. Code:

Release VE:

Contained:

Nature of Incident: Facility

Substance Identity: Known

Operator:

EDR ID Number EPA ID Number

CONRAIL (Continued)

S102206524

Name:

DONAHUE, JIM

609-231-2393

Address:

1000 HOWARD BLVD

MOUNT LAUREL, NJ

Telephone:

Responsible Party:

Known STEVE FISCHER

Contact: Address:

Telephone:

JACKSONVILLE, FL Not reported

County:

Name:

NJ Spill: Name:

NJSP-OEM 609-882-4201

Date:

07/06/1994

Local Municipality:

Name:

CAMDEN CITY 609-757-7400

Telephone:

07/06/1994

Date: Other:

Name: Telephone: Not reported Not reported Not reported

Date: Incident:

Name: Region:

Not reported BRPV 07/06/1994 TM

ITM: Name:

Date:

Not reported HQ1

Region: Date:

07/06/1994

ITM:

Incident Description:

Wind Direction/Speed: Assistance Requested:

Date A310 Letter Printed:

Date Local Authority Was Notified: Date Update:

Date Report Faxed to Local Authority: Local Authority Notification Date 1:

Local Authority Notification Date 2: Local Authority Notification Date 3:

Status at Spill:

Comments:

NJ Spill:

Facility ID: Date Received:

07/06/1994 Location: Facility Facility Phone: Not reported Date of Incident: 07/06/1994 Substance(s):

Substance Type: Liquid A310 Letter: Yes Hazrds Material: Yes COMU: 0408 Amnt Released: <1 GAL. Release Type:

Terminated

Title:

CONRAIL

Company:

WELLAND CHEMICAL

Title:

Not reported

Telephone:

412-483-8854

Title:

TRP. TROUT

Time:

06:14

Municipality Title:

OPER #723

Time:

06:10

Title:

Not reported

Time:

Not reported

Referred To: Telephone:

DRPE Faxed

Incident Time:

Not reported

Referred To: Telephone: Incident Time: **DRPSR** Mailed Not reported

RAILCAR WAS LEAKING AROUND THE TOP. DUPONT ENROUTE TO HANDLE CLEANUP.

94-7-6-0604-05

NO EMERGENCY EXPECTED.

Spill

No

Not reported

07/06/1994

Not reported

Not reported 07/06/1994

Not reported

Not reported

Not reported

Not reported

11849

NITRIC ACID

Case Number: Operator:

JOEG Nature of Incident: Facility

Facility Type: Time of Incident: Commercial 04:15

Substance Identity: Known TCPA Chemical: CAS Number:

Contained:

7697372 Ref. Code: 050 Release VE: Estimate

Yes

Yes

Facility Evacuation: No

Public Evacuation: No

Firemen at Scene: No

Title:

Title:

Title:

Time:

Title:

Time:

Title:

Time:

Referred To:

Incident Time:

Referred To:

Incident Time:

Referred To:

Incident Time:

Telephone:

Telephone:

Telephone:

Phone:

Company:

Receiving Water: Not reported

CONRAIL

Not reported

412-483-8854

TRP. TROUT

OPER #723

Not reported

06:14

06:10

DRPE

Faxed

DRPSR

DRPSR

WELLAND CHEMICAL

Database(s)

EDR ID Number EPA ID Number

S102206524

CONRAIL (Continued)

Injuries:

No

Public Exposure: No Police at Scene: No

Contamination of: Air,Land

Caller:

Name: Address: DONAHUE, JIM

1000 HOWARD BLVD MOUNT LAUREL, NJ

Phone:

609-231-2393

Responsible Party:

Name:

Known

Contact: Address: STEVE FISCHER JACKSONVILLE, FL

County:

NJ Spill:

Name: NJSP-OEM

Phone: Date:

609-882-4201 07/06/1994

Not reported

Local Municipality:

Name:

CAMDEN CITY

Phone: Date:

609-757-7400 07/06/1994

Other:

Name: Not reported

Phone: Date:

Not reported Not reported

Incident:

Name: Not reported BRPV

Region: Date:

07/06/1994 TM

ITM: Name:

Not reported

Region:

HQ1

Date:

07/06/1994

ITM:

М

Name: Not reported Region: Not reported

Date:

Not reported Not reported

ITM:

Incident Description:

Spill

Wind Direction/Speed:

Not reported No

Assistance Requested: Date A310 Letter Printed:

07/06/1994

Date Local Authority Was Notified:

Not reported

Date Update:

Not reported

Date Report Faxed to Local Authority: 07/06/1994

Local Authority Notification Date 1:

Not reported

Local Authority Notification Date 2: Local Authority Notification Date 3:

Not reported

Not reported

Status at Spill:

RAILCAR WAS LEAKING AROUND THE TOP. DUPONT ENROUTE TO HANDLE CLEANUP.

NO EMERGENCY EXPECTED.

Comments:

Not reported

EDR ID Number **EPA ID Number**

Site

ROADSIDE INTERSECTION OF RT 30 / RT 130 CAMDEN, NJ

NJ Release NJ Spills

S102190473 N/A

NJ Release:

Facility ID:

Date Received:

Location: Facility Phone:

Date of Incident: Substance(s):

OIL FUEL Substance Type: Liquid A310 Letter: Yes

Hazrds Material: Yes COMU: 0408 Amnt Released: < 1.000 GAL

Release Type:

Injuries: No Public Exposure: No Police at Scene: No Contamination of: Land

Caller:

Name: Address: **TIM CARTY** NJ

851

Other

01/19/1993

Not reported

01/19/1993

Terminated

609-530-2977 Telephone:

Responsible Party:

Name: Contact: Address: UnKnown Not reported Not reported Not reported

County: NJ Spill:

NJSP-OEM Name: Telephone:

609-538-6088 Date: 01/19/1993

Local Municipality:

Name: Telephone: **CAMDEN CITY** 609-757-7400 01/19/1993

Not reported

Date: Other:

> Name: Telephone: Date:

Not reported Not reported Incident:

Name:

ROB SCHRADER Region: ER2

Date: ITM:

01/19/1993

Incident Description:

Wind Direction/Speed: Assistance Requested:

Date A310 Letter Printed: Date Local Authority Was Notified:

Date Update: Date Report Faxed to Local Authority: Not reported

Local Authority Notification Date 1: Local Authority Notification Date 2:

Local Authority Notification Date 3: Status at Spill:

Not reported UNKNOWN CAUSE OF SPILL. CLEANUP TO BE DONE.

Spill

No

Not reported

Not reported

Not reported Not reported

Not reported

Not reported

Comments: Not reported Case Number:

Operator:

93-1-19-1127-27

Nature of Incident: Facility Facility Type:

PAT Commercial UNK

Time of Incident:

002

Substance Identity: Known TCPA Chemical: No CAS Number: Not reported

Ref. Code: Release VE: Contained:

Estimate Yes Facility Evacuation: No Public Evacuation: No Firemen at Scene: No Receiving Water: NONE

Title:

NJDOT

Company: Title:

Not reported Not reported

Telephone:

Not reported

Title:

JOANNE 11:34

Time:

DISP 21

Municipality Title:

Time:

11:37

Title:

Not reported

Time:

Not reported

Referred To: Telephone: Incident Time: DRPSR Office.Faxed

11:32

ROADSIDE INTERSECTION OF (Continued)

Date Report Faxed to Local Authority:

Local Authority Notification Date 1:

Local Authority Notification Date 2:

Local Authority Notification Date 3:

Not reported

Status at Spill: Comments: S102190473

NJ Spill: Facility ID: 851 Case Number: 93-1-19-1127-27 Date Received: 01/19/1993 Operator: PAT Nature of Incident: Facility Location: Other Facility Phone: Not reported Facility Type: Commercial Date of Incident: 01/19/1993 Time of Incident: UNK Substance(s): OIL FUEL Substance Type: Liquid Substance Identity: Known A310 Letter: TCPA Chemical: Yes No Hazrds Material: Yes CAS Number: Not reported COMU: 0408 Ref. Code: 002 Amnt Released: < 1,000 GAL Release VE: Estimate Terminated Release Type: Contained: Yes Injuries: No Facility Evacuation: No Public Exposure: No Public Evacuation: No Police at Scene: No Firemen at Scene: No Contamination of: Land Receiving Water: NONE Caller: Name: **TIM CARTY** Title: NJDOT Address: Phone: 609-530-2977 Responsible Party: Name: UnKnown Company: Not reported Contact: Not reported Title: Not reported Address: Not reported County: Not reported Phone: Not reported NJ Spill: Name: NJSP-OEM Title: **JOANNE** Phone: 609-538-6088 Date: 01/19/1993 Time: 11:34 Local Municipality: Name: **CAMDEN CITY** Title: DISP 21 Phone: 609-757-7400 01/19/1993 Date: Time: 11:37 Other: Name: Not reported Title: Not reported Phone: Not reported Date: Not reported Time: Not reported Incident: Name: **ROB SCHRADER** Referred To: **DRPSR** ER2 Region: Telephone: Office, Faxed Date: 01/19/1993 ---Incident Time: 11:32 ITM: Incident Description: Spill Wind Direction/Speed: Not reported Assistance Requested: No Date A310 Letter Printed: Not reported Date Local Authority Was Notified: Not reported Date Update: Not reported

Not reported

Not reported

Not reported

otification Date 3: Not reported
UNKNOWN CAUSE OF SPILL. CLEANUP TO BE DONE.

Site

Database(s)

EDR ID Number EPA ID Number

ABC BARRELL COMPANY 314 TO 322 N FRONT ST CAMDEN, NJ

SHWS

S103029726 N/A

SHWS:

Facility ID: NJL800170839 **ACTIVE**

Case Status: Contact:

CEA/DER:

BFO-S Facilty Status: OPEN Not reported Case ID:

950914120653

Status Date:

01/28/1997

NJ TPK INTERCHANGE 4 MM 34.5 CAMDEN, NJ

NJ Release NJ Spills

S102220965 N/A

NJ Release:

Facility ID: Date Received: Location:

10/30/1995 Other Not reported

17438

Facility Phone: Date of Incident: Substance(s):

10/30/1995 **DIESEL FUEL**

Substance Type: A310 Letter: Hazrds Material:

Yes Yes 0408

Liquid

UNKNOWN Amnt Released: Release Type: Terminated

Injuries: No Public Exposure: No Police at Scene: No Contamination of: Land

Caller:

COMU:

Name: Address: LEE OAKLAND **PO BOX 335**

HIGHTSTOWN, NJ

Telephone:

609-426-6344

Responsible Party:

Name: Contact: Known LEE OAKLAND

Address:

PO BOX 335

HIGHTSTOWN, NJ Not reported

County: NJ Spill:

Name:

Telephone:

Not reported Not reported Not reported

Date:

Local Municipality:

Name: Telephone: **CAMDEN CITY** 609-757-7400

Date: Other:

10/30/1995

Name: Not reported Not reported Telephone: Not reported

Date: Incident:

Date:

Name: Region:

Not reported BFO-CAS 10/30/1995

В

ITM:

Case Number:

95-10-30-1602-51

Operator: Nature of Incident: Facility Facility Type:

KIM Commercial

Time of Incident: 11:00

Substance Identity: Known TCPA Chemical: No

CAS Number: Ref. Code:

Not reported 101

Release VE:

Not reported

Contained: Yes Facility Evacuation: No Public Evacuation: No Firemen at Scene: No NONE

Receiving Water:

Title:

NJ TURNPIKE AUTH

Company:

NJ TURNPIKE AUTH Title:

ENVIRO MANG

Telephone:

Not reported

Title:

Not reported

Time:

Not reported

Municipality Title:

DISP 718

Time:

16:09

Title:

Not reported

Time:

Not reported

Referred To: Telephone:

DRPSR

Incident Time:

Faxed, Mailed Not reported

NJ TPK INTERCHANGE 4 (Continued)

S102220965

Incident Description:

U.S.T., Soil Contamination

Wind Direction/Speed:

Not reported

Assistance Requested:

No

Date A310 Letter Printed:

Not reported

Date Local Authority Was Notified:

Not reported

Date Update:

Not reported

Date Report Faxed to Local Authority: Local Authority Notification Date 1:

Not reported

Local Authority Notification Date 2:

Not reported Not reported

Local Authority Notification Date 3:

Not reported

Status at Spill:

1/290 UST REMOVED, SOIL CONTAMINATION FOUND. CLEANUP BEING COMPLETED

BY BROCON CONTRACTING. TMS #C95-0010. UST 131744 TANK E-2.

Comments:

Facility ID:

Not reported

NJ Spill:

17438

10/30/1995

Date Received: Location:

Other

Facility Phone: Not reported

Date of Incident:

10/30/1995

Substance(s):

DIESEL FUEL

Substance Type: Liquid

A310 Letter: Yes

Hazrds Material: Yes

COMU: 0408

UNKNOWN Amnt Released: Terminated

Release Type:

Injuries: No Public Exposure: No Police at Scene: No

Contamination of: Land

Caller:

LEE OAKLAND

Name: Address:

PO BOX 335

HIGHTSTOWN, NJ 609-426-6344

Phone: Responsible Party:

Name:

Known

Contact:

LEE OAKLAND **PO BOX 335**

Address:

HIGHTSTOWN, NJ

County: NJ Spill:

Not reported

Name: Phone:

Not reported Not reported

Date:

Not reported

Local Municipality:

Name: Phone: **CAMDEN CITY** 609-757-7400

Date:

10/30/1995

Other:

Name:

Phone:

Not reported Not reported

Date:

Not reported

Incident:

Name: Region: Not reported **BFO-CAS**

Case Number: Operator:

95-10-30-1602-51

KIM Nature of Incident: Facility Facility Type: Commercial

Time of Incident:

11:00

Substance Identity: Known

TCPA Chemical: No

CAS Number: Not reported

Ref. Code:

101

Release VE:

Not reported

Contained: Yes Facility Evacuation: No Public Evacuation: No Firemen at Scene: No

Receiving Water: NONE

Title:

NJ TURNPIKE AUTH

NJ TURNPIKE AUTH

Title:

Company:

ENVIRO MANG

Phone:

Title:

Not reported Not reported

Time:

Not reported

Title:

DISP 718

Time:

16:09 -

Title: Time: Not reported Not reported

Referred To: Telephone:

DRPSR Faxed, Mailed Site

Database(s)

EDR ID Number EPA ID Number

NJ TPK INTERCHANGE 4 (Continued)

S102220965

Date:

10/30/1995

Incident Time:

Not reported

ITM:

R

U.S.T., Soil Contamination

Incident Description: Wind Direction/Speed: Assistance Requested:

Not reported

No

Date A310 Letter Printed:

Not reported

Date Local Authority Was Notified: Date Update:

Not reported Not reported

Date Report Faxed to Local Authority: Local Authority Notification Date 1:

Not reported Not reported

Local Authority Notification Date 2: Local Authority Notification Date 3:

Not reported Not reported

Status at Spill:

1/290 UST REMOVED. SOIL CONTAMINATION FOUND. CLEANUP BEING COMPLETED

BY BROCON CONTRACTING. TMS #C95-0010. UST 131744 TANK E-2.

Comments:

Not reported

MICKLE TOWER APARTMENTS S 3RD ST CAMDEN, NJ

LUST

NJ Spills

S103089739

S102196743

N/A

N/A

LUST:

Facility ID:

93-08-26-0025

Facility Status:

Case Management Section

UST ID:

Not reported

Lead Program Assigned to Case:

Bureau of Field Operations - Case Assignment Section

TMS Number:

Not reported

Remecdial Level: Case Manager:

Not reported

Web Data Case Manager:

RMR Not reported

NU CAR/CARSTAR DEALER AUTOBODY SOUTH 6 TH ST

NJ Release

CAMDEN, NJ

NJ Release:

Facility ID: 13740

Date Received: 08/13/1993

Location: Facility Facility Phone: Not reported

Date of Incident: Substance(s):

02/13/1993 ANTIFREEZE

OIL WASTE

Substance Type: Liquid

A310 Letter: Yes Hazrds Material: Yes

COMU: 0408 Amnt Released: UNK

Release Type: Continuous Injuries:

No Public Exposure: No Police at Scene: No

Contamination of: Land, WATER

Caller:

Name:

ANONYMOUS

Address: Telephone: Not reported Not reported

Responsible Party:

Name:

Known

Case Number: 93-8-13-1318-16

Operator: JIMH

Nature of Incident: Citizen Facility Type:

Commercial

Time of Incident:

ONGOI

Substance Identity: Known TCPA Chemical:

CAS Number:

No

Not reported

Ref. Code:

002

Release VE:

Not reported

Contained: No Facility Evacuation: No

Public Evacuation: No Firemen at Scene: No Receiving Water: UNK

Title:

Company:

NU CAR/CARSTAR DEALE

EDR ID Number EPA ID Number

Site

NU CAR/CARSTAR DEALER AUTOBODY (Continued)

S102196743

Contact: Address:

Not reported SOUTH 6 TH ST

CAMDEN, NJ

NJSP/OEM

Not reported

08/13/1993

County:

CAMDEN

NJ Spill:

Name:

Telephone:

Date:

Local Municipality:

Name: Telephoné: Date:

609-757-7400 08/13/1993

CAMDEN CITY

Other:

Name: Telephone:

Not reported Not reported Not reported Date:

Incident:

Name: Region: **B.WINTERBURN** ER2

Date:

08/13/1993

ITM:

Incident Description: Wind Direction/Speed:

Assistance Requested: Date A310 Letter Printed:

Date Local Authority Was Notified: Date Update:

Date Report Faxed to Local Authority: Local Authority Notification Date 1:

Local Authority Notification Date 2: Local Authority Notification Date 3:

Status at Spill: ILLEGAL DUMPING OF ABOVE MATERIALS IN FLOOR DRAIN AND IN DUMPSTER

13740

Facility

Comments:

Not reported

08/13/1993

NJ Spill:

Facility ID: Date Received:

Location: Facility Phone: Date of Incident:

Not reported 02/13/1993 Substance(s): **ANTIFREEZE**

OIL WASTE Substance Type: Liquid Yes

A310 Letter: Hazrds Material:

Yes COMU: 0408 Amnt Released: UNK

Release Type: Continuous Injuries: No

Public Exposure: No Police at Scene: No

Contamination of: Land, WATER

Caller:

ANONYMOUS Name: Address: Not reported Phone: Not reported

Responsible Party:

Title:

Not reported

Telephone:

Not reported

Title:

FAXED

Time:

Not reported

OPER 707

Municipality Title:

Time:

13:25

Title:

Not reported

Time:

Illegal Dumping

Not reported

08/13/1993

Not reported

Not reported 08/13/1993

Not reported

Not reported

Not reported

Yes

Not reported

Referred To: Telephone:

DRPSR Faxed, Mailed 13:23

Incident Time:

Case Number: 93-8-13-1318-16

Operator: Nature of Incident: Facility Type: Time of Incident:

Citizen Commercial **ONGOI**

JIMH

Substance Identity: Known TCPA Chemical: No

CAS Number: Ref. Code:

Not reported . 002

Release VE:

Not reported

Contained: No Facility Evacuation: No Public Evacuation: No Firemen at Scene: No Receiving Water: UNK

Title:

CITIZEN

EDR ID Number EPA ID Number

NU CAR/CARSTAR DEALER AUTOBODY (Continued)

S102196743

Name:

Known

Contact:

Not reported

CAMDEN

NJSP/OEM

Not reported

CAMDEN, NJ

County:

Address:

NJ Spill:

Name:

Phone: Date:

08/13/1993

Local Municipality:

Name: Phone: **CAMDEN CITY** 609-757-7400 08/13/1993

Date: Other:

Name: Not reported Phone: Not reported

Date: Incident: Not reported **B.WINTERBURN**

Name: Region:

ER2

Date: 08/13/1993 ITM:

Incident Description: Wind Direction/Speed:

Date A310 Letter Printed:

Date Update: Date Report Faxed to Local Authority:

Local Authority Notification Date 1: Local Authority Notification Date 2:

ILLEGAL DUMPING OF ABOVE MATERIALS IN FLOOR DRAIN AND IN DUMPSTER

Status at Spill:

Title: SOUTH 6 TH ST

Company:

NU CAR/CARSTAR DEALE

Not reported

Phone:

Not reported

Title:

FAXED ~

Time:

Not reported **OPER 707**

Title:

13:25

Time: Title:

Not reported

Time:

Not reported

Referred To: Telephone: Incident Time:

DRPSR Faxed, Mailed 13:23

Not reported Assistance Requested: Yes 08/13/1993

Date Local Authority Was Notified: Not reported Not reported

> 08/13/1993 Not reported Not reported Not reported

Illegal Dumping

Local Authority Notification Date 3:

Comments: Not reported

> **NJ Release NJ Spills**

S102212008 N/A

CAMDEN, NJ NJ Spill:

NEAR EXIT 3

RT 676 SO

Facility ID: Date Received:

Location:

210 01/05/1995 Transport

Facility Phone: Not reported Date of Incident: 01/05/1995

Substance(s):

HYDROGEN PEROXIDE

Substance Type: Liquid A310 Letter: Yes Hazrds Material: Yes COMU: 0408 Amnt Released: 45 GALS Terminated Release Type:

Injuries: No Public Exposure: No Police at Scene: No Contamination of: Land

Caller:

Name:

DON HELWIG

Case Number: Operator:

95-1-5-1511-04 JULIE1

Nature of Incident: Facility Type:

Facility Industrial Time of Incident: 14:45

Substance Identity: Known TCPA Chemical: No CAS Number: 7722841 Ref. Code: 101 Release VE: Estimate Contained: Yes Facility Evacuation: No Public Evacuation: No Firemen at Scene: No Receiving Water: NONE

Title:

COYNE CHEMICAL

EDR ID Number EPA ID Number

Site

NEAR EXIT 3 (Continued)

S102212008

3015 STATE RD Address:

CROYDON, PA

Phone:

215-785-3000

Responsible Party:

Name: Known

DON HELWIG

Contact: Address:

3015 STATE RD

CROYDON, PA

County:

Not reported

NJ Spill: Name:

Not reported Not reported

Phone: Date:

Not reported

Local Municipality:

Name:

CAMDEN CITY 609-757-7400

Phone: 01/05/1995 Date:

Other:

Name: Phone:

Not reported Not reported

Date:

Not reported

Incident:

Name: Region: Not reported **BFO-CAS** 01/05/1995

Date: ITM:

Incident Description:

Wind Direction/Speed: Assistance Requested:

Date A310 Letter Printed:

Date Local Authority Was Notified:

Date Update: Date Report Faxed to Local Authority:

Local Authority Notification Date 1: Local Authority Notification Date 2:

Local Authority Notification Date 3: Status at Spill: Comments:

Not reported

Title:

Company:

Phone:

COYNE CHEMICAL

Database(s)

215-785-3000

Title:

Not reported

Time:

Not reported

Title:

OPR 770

Time: .

15:14

Title:

Not reported

Time:

Not reported

Referred To: Telephone: Incident Time:

DRPSR Faxed, Mailed Not reported

Not reported No

Spill

Not reported Not reported

Not reported

Not reported Not reported

Not reported Not reported

SPILL DUE TO LEAKING DRUM ON BACK OF TRUCK.CLEAN UP BEING DONE

96-7-2-1534-45

Commercial

ROB

14:07

S102228026 **NJ Release NJ** Spills N/A

RT 676 SOUTH CAMDEN, NJ NJ Release:

ON RAMP TO

Facility ID: Date Received: 10563

Location: Facility Phone: 07/02/1996 Transport Not reported

Date of Incident: Substance(s):

Public Exposure: No

07/02/1996 MINERAL SPIRITS

Substance Type: Liquid A310 Letter: Yes Hazrds Material: Yes COMU: 0408 Amnt Released: 2 GALS Release Type: Terminated Injuries: No

Case Number: Operator: Nature of Incident: Facility Facility Type: Time of Incident:

Substance Identity: Known TCPA Chemical: No CAS Number: 8030306 Ref. Code: 101 Release VE: **Estimate** Contained: Yes Facility Evacuation: No Public Evacuation: No

EDR ID Number EPA ID Number

Site

ON RAMP TO (Continued)

S102228026

Police at Scene: No

Contamination of: Land Caller:

BILL BOGGIA

Name: Address:

123 RED LION RD

SOUTHAMPTON, NJ

Telephone:

609-859-2049

Responsible Party:

Name:

Known

Contact: Address: **BILL BOGGIA** 123 RED LION

SOUTHAMPTON, NJ

County:

BURLINGTON

NJ Spill: Name:

Not reported

Telephone: Not reported Date: Not reported

Local Municipality:

Name:

CAMDEN CITY Telephone: 609-757-7400

Date:

07/02/1996

Other:

Name: Telephone: Not reported Not reported

Date:

Not reported

Incident:

Name: Region: Not reported **BFO-CAS**

Spill

No

Not reported

Date: ITM:

07/02/1996

Incident Description:

Wind Direction/Speed:

Assistance Requested:

Date A310 Letter Printed:

Date Local Authority Was Notified:

Date Update:

Date Report Faxed to Local Authority:

Local Authority Notification Date 1: Local Authority Notification Date 2:

10563

07/02/1996

Not reported

Transport

Local Authority Notification Date 3:

Status at Spill:

Comments: Not reported

Facility ID:

Date Received:

Location: Facility Phone:

07/02/1996 Date of Incident: Substance(s): MINERAL SPIRITS

Substance Type: Liquid

A310 Letter: Yes Hazrds Material: Yes COMU: 0408

Amnt Released: 2 GALS Terminated Release Type:

Injuries:

No Public Exposure: No Firemen at Scene: No

Receiving Water: Not reported

Title:

SAFETY KLEEN

Company:

SAFETY KLEEN

Title:

SEC.

Telephone:

609-859-2049

Title:

Not reported

Time:

Not reported

Municipality Title:

OPR. #723

Time:

15:41

Title:

Not reported

Time:

Not reported

Referred To: Telephone:

DRPSR Not reported

Incident Time:

Not reported

SPILL DUE TO DRUM FALLING OFF BACK OF TRUCK. CLEANUP COMPLETED BY RP.

Case Number:

96-7-2-1534-45 Operator: ROB Nature of Incident: Facility Facility Type: Commercial

Time of Incident:

14:07

Substance Identity: Known TCPA Chemical: No 8030306

CAS Number: Ref. Code:

101 **Estimate** Yes

Release VE: Contained:

Facility Evacuation: No Public Evacuation: No

S102228026

ON RAMP TO (Continued)

Police at Scene: No

Contamination of: Land

Caller:

Name:

BILL BOGGIA

Address:

123 RED LION RD

SOUTHAMPTON, NJ 609-859-2049

Telephone: Responsible Party:

Name:

Known

Contact: Address: **BILL BOGGIA** 123 RED LION

SOUTHAMPTON, NJ

County:

BURLINGTON

NJ Spill:

Name: Not reported Telephone: Not reported

Date:

Not reported

Local Municipality:

Name: Telephone:

CAMDEN CITY 609-757-7400 07/02/1996

Date: Other:

Name: Telephone:

Not reported Not reported Not reported

Date: Incident:

Name: Region: Date:

Not reported **BFO-CAS** 07/02/1996

Spill

No

Not reported

ITM:

Incident Description: Wind Direction/Speed:

Assistance Requested:

Date A310 Letter Printed: Date Local Authority Was Notified:

Date Update:

Date Report Faxed to Local Authority:

Local Authority Notification Date 1: Local Authority Notification Date 2:

Local Authority Notification Date 3: Status at Spill:

Comments:

Not reported

MINERAL SPIRITS

NJ Spill:

Facility ID: 10563

Date Received: Location:

07/02/1996 Transport Facility Phone: Not reported Date of Incident: 07/02/1996

Substance(s):

Substance Type: Liquid

No

A310 Letter: Yes Hazrds Material: Yes

COMU: 0408 Amnt Released: 2 GALS Release Type: Terminated

Injuries:

Firemen at Scene: No Receiving Water: Not reported

Title:

SAFETY KLEEN

Company:

SAFETY KLEEN

Title:

SEC.

Telephone:

609-859-2049

Title:

Not reported

Time:

Not reported

Municipality Title:

OPR: #723

Time:

15:41

Title:

Not reported

Time:

Not reported

Referred To: Telephone: Incident Time:

DRPSR Not reported Not reported

SPILL DUE TO DRUM FALLING OFF BACK OF TRUCK. CLEANUP COMPLETED BY RP.

96-7-2-1534-45 Case Number: ROB

Operator: Nature of Incident: Facility

Commercial

8030306

Estimate

Facility Type: Time of Incident:

14:07

No

101

Substance Identity: Known TCPA Chemical: CAS Number:

Ref. Code:

Release VE:

Contained: Yes Facility Evacuation: No

SAFETY KLEEN

SAFETY KLEEN

609-859-2049

Not reported

15:41

SEC.

S102228026

ON RAMP TO (Continued)

Public Exposure: No

Police at Scene: No

Public Evacuation: No Firemen at Scene: No

Title:

Title:

Phone:

Title:

Time:

Title:

Time:

Title:

: Time:

Referred To:

Incident Time:

Telephone:

Company:

Receiving Water: Not reported

Contamination of: Land

Caller: Name:

BILL BOGGIA

Address:

123 RED LION RD

SOUTHAMPTON, NJ 609-859-2049

Phone: Responsible Party:

Name:

Known

BILL BOGGIA 123 RED LION

Address:

SOUTHAMPTON, NJ

County:

BURLINGTON

Not reported

NJ Spill:

Contact:

Name: Not reported Phone: Not reported Date: Not reported

Local Municipality:

Name: Not reported Phone: Not reported

Date: Other:

Name: Not reported

Phone: Not reported Not reported Date:

Incident:

Name: Not reported Region: Not reported Date: Not reported

ITM: Not reported

Incident Description:

Spill Not reported

Wind Direction/Speed: Assistance Requested:

No Date A310 Letter Printed: Not reported

Date Local Authority Was Notified: Date Update:

Not reported Date Report Faxed to Local Authority: Not reported Local Authority Notification Date 1: Not reported Not reported

Not reported

Local Authority Notification Date 2:

Local Authority Notification Date 3: Not reported

Status at Spill:

SPILL DUE TO DRUM FALLING OFF BACK OF TRUCK. CLEANUP COMPLETED BY RP.

Comments: Not reported

NU-CAR INC 92935 SO 6TH ST CAMDEN, NJ

NJ Release NJ Spills

S102197709 N/A

Location:

Facility ID:

09/14/1993

Not reported

Case Number:

93-9-14-1433-48 ROGER

Operator: Nature of Incident: Citizen

Facility Type: Time of Incident:

Commercial Not reported

ANTIFREEZE, FREON R12, PAINT SOLVENTS,

OIL MOTOR

Substance Type: Liquid A310 Letter:

Substance Identity: Suspected

TCPA Chemical:

TC465843.1p Page 32 of 193

NJ Release:

Date Received:

15684

08/23/1993

Facility Phone: Date of Incident:

Substance(s):

Yes

S102197709

NU-CAR INC (Continued)

Amnt Released:

Release Type:

Hazrds Material: Yes

Public Exposure: No

Police at Scene: No

CAS Number:

Not reported

Ref. Code:

002

Release VE:

Not reported

Contained: Facility Evacuation: No

Public Evacuation: No Firemen at Scene: No

Receiving Water:

UNKNOWN

No

Caller:

COMU:

Injuries:

Name:

ANONYMOUS

Address: Telephone: Not reported Not reported

Responsible Party:

Name: Contact: Address: Known

0408

No

Contamination of: Air, Land, Water

UNKNOWN

Intermittent

Not reported 92935 SO 6TH ST

CAMDEN, NJ

County:

CAMDEN

NJ Spill:

Name: **OEM**

Telephone: Date:

609-882-2000 09/14/1993

Local Municipality:

Name:

CAMDEN CITY

Telephone:

609-757-7400 09/14/1993

Date:

Other: Name: Not reported

Telephone:

Not reported Not reported

Date: Incident:

P DiGANGI Name:

Region:

ER2

Date:

09/14/1993

ITM:

Incident Description: Wind Direction/Speed:

Assistance Requested:

Date A310 Letter Printed: Date Local Authority Was Notified:

Date Update:

Date Report Faxed to Local Authority: 09/14/1993 Local Authority Notification Date 1:

Local Authority Notification Date 2: Local Authority Notification Date 3: FACILITY RELEASES FREON TO AIR. & SPRAY PAINTS CARS W/OUT SPRAY BOOTH.

Status at Spill:

Comments:

Facility ID:

NJ Spill:

Date Received: Location: Facility Phone:

Substance(s):

Facility Not reported

15684

TRASH. Not reported

Date of Incident: 08/23/1993

09/14/1993

Case Number:

Operator:

ALSO DUMPS ANTIFREEZE INTO DRAIN IN FLOOR, & DISPOSES OIL MOTOR INTO

93-9-14-1433-48 ROGER

Nature of Incident: Citizen Facility Type: Time of Incident:

Commercial Not reported

ANTIFREEZE, FREON R12, PAINT SOLVENTS,

Illegal Dumping Not reported

Not reported

Not reported

Not reported

Not reported

Not reported

Yes 09/14/1993

Title:

Company: Title:

NU-CAR INC

Not reported

Not reported

CITIZEN

Not reported

Telephone:

Title:

FAXED.

Time:

OPR 770 Municipality Title:

Time:

14:38

Title:

Not reported

Time:

Not reported

Referred To: Telephone:

DRPSR Office, Faxed

Incident Time:

NU-CAR INC (Continued)

S102197709

OIL MOTOR

Substance Type: Liquid

A310 Letter: Yes Hazrds Material: Yes

COMU: 0408

Amnt Released: UNKNOWN Release Type: Intermittent

Injuries: No Public Exposure: No Police at Scene: No

Contamination of: Air, Land, Water

Caller:

ANONYMOUS Name:

Address: Not reported Not reported Phone:

Responsible Party:

Name: Known Not reported Contact:

92935 SO 6TH ST Address: CAMDEN, NJ

County:

CAMDEN

NJ Spill:

Name: OEM

609-882-2000 Phone: Date: 09/14/1993

Local Municipality:

Name: Phone: CAMDEN CITY 609-757-7400 09/14/1993

Date: Other:

Name: Not reported

Phone: Date:

Incident: P DIGANGI Name:

Region: Date:

ER2 09/14/1993

Not reported

Not reported

ITM: Incident Description:

Wind Direction/Speed: Assistance Requested:

Date A310 Letter Printed: Date Local Authority Was Notified:

Date Update: Date Report Faxed to Local Authority:

09/14/1993 Local Authority Notification Date 1: Not reported Local Authority Notification Date 2: Not reported Local Authority Notification Date 3: Not reported

Status at Spill:

Comments:

TRASH. Not reported Substance Identity: Suspected

TCPA Chemical: No

CAS Number:

Not reported

Ref. Code: Release VE:

002 Not reported

Contained: No Facility Evacuation: No Public Evacuation: No Firemen at Scene: No

Receiving Water: UNKNOWN

Title:

CITIZEN

Company:

NU-CAR INC Not reported

Phone:

Title:

Not reported

Title:

FAXED

Time:

Not reported

Title:

OPR 770

Time:

14:38

Title: Time: Not reported

FACILITY RELEASES FREON TO AIR, & SPRAY PAINTS CARS W/OUT SPRAY BOOTH. ALSO DUMPS ANTIFREEZE INTO DRAIN IN FLOOR, & DISPOSES OIL MOTOR INTO

Illegal Dumping

Not reported

09/14/1993

Not reported

Not reported

Yes

Not reported

Referred To: Telephone:

DRPSR Office, Faxed

Incident Time:

14:36

EDR ID Number EPA ID Number

Site

INTERSECITON OF RT 73 / RT 30 CAMDEN, NJ

NJ Release NJ Spills

S102485851 N/A

NJ Release:

Facility ID: Date Received:

08/20/1996

Location: Transport Facility Phone: Not reported Date of Incident: 08/20/1996

Substance(s): OIL MOTOR Substance Type: Liquid

A310 Letter: No Hazrds Material: Yes COMU: 0408 Amnt Released: UNKNOWN

Release Type: Terminated Injuries: No Public Exposure: No Police at Scene: Yes Contamination of: Land

Caller:

Name: Address:

OPR. #4408 X-6202

NJ

13324

Telephone: 609-783-4808

Responsible Party:

Name: UňKnown Contact: Not reported Address: Not reported County: Not reported

NJ Spill: Name: Not reported

Telephone: Not reported Date: Not reported

Local Municipality:

Name: Not reported Not reported Telephone: Not reported Date:

Other:

Name: Not reported Not reported Telephone: Not reported Date: Incident:

Name: Not reported **BFO-CAS** Region: Date: 08/20/1996 ITM:

Incident Description: Wind Direction/Speed: Assistance Requested:

Date A310 Letter Printed: Date Local Authority Was Notified: Date Update:

Date Report Faxed to Local Authority: Not reported Local Authority Notification Date 1: Not reported Local Authority Notification Date 2: Not reported

Local Authority Notification Date 3:

Status at Spill:

Case Number:

96-8-20-1739-18

Operator: DIANNE Nature of Incident: Municipal Facility Type: Residential Time of Incident: 17:20

Substance Identity: Suspected

TCPA Chemical: No CAS Number: Not reported

Ref. Code: 101 Release VE: Not reported

Contained: Yes Facility Evacuation: No Public Evacuation: No Firemen at Scene: Yes

Receiving Water: Not reported

Title:

CAMDEN CNTY FIRE

Company:

Title:

Not reported Not reported

Telephone:

Not reported

Title:

Not reported

Time:

Not reported

Municipality Title:

Not reported

Time:

Not reported Not reported

Title: Time:

Not reported

Referred To: Telephone: Incident Time:

DRPSR Not reported Not reported

SPILL DUE TO MVA. CLEAN UP COMPLETED BY CAMDEN CO COMM.

Spill,MVA

No

Not reported

Not reported

Not reported

Not reported

Not reported

EDR ID Number EPA ID Number

S102485851

INTERSECITON OF (Continued)

Comments:

CHART D

08/20/1996

Not reported

OIL MOTOR

08/20/1996

UNKNOWN

Terminated

Transport

13324

0408

NJ Spill:

Facility ID:

Date Received: Location:

Facility Phone: Date of Incident: Substance(s):

Substance Type: Liquid A310 Letter: No Hazrds Material: Yes

COMU:

Amnt Released: Release Type:

Injuries: No Public Exposure: No Police at Scene: Yes Contamination of: Land

Caller:

Name: Address:

OPR. #4408 X-6202 NJ

Phone:

609-783-4808

Responsible Party:

Name: UnKnown Contact: Not reported Address: Not reported County: Not reported

NJ Spill:

Name: Not reported Phone: Not reported Date: Not reported

Local Municipality:

Name: Not reported Phone: Not reported Date: Not reported

Other:

Name: Not reported Phone: Not reported Date: Not reported

Incident:

Name: Not reported Region: Not reported Date: Not reported ITM: Not reported

Incident Description:

Wind Direction/Speed: Assistance Requested: Date A310 Letter Printed:

Date Local Authority Was Notified: Date Update:

Not reported Date Report Faxed to Local Authority: Not reported Local Authority Notification Date 1: Not reported Local Authority Notification Date 2: Not reported Local Authority Notification Date 3: Not reported

Status at Spill:

SPILL DUE TO MVA. CLEAN UP COMPLETED BY CAMDEN CO COMM.

Spill,MVA

No

Not reported

Not reported

Not reported

Case Number:

96-8-20-1739-18

Operator: DIANNE Nature of Incident: Municipal Facility Type: Residential Time of Incident: 17:20

Substance Identity: Suspected

TCPA Chemical: No

CAS Number: Not reported. 101

Ref. Code: Release VE:

Not reported

Contained: Yes Facility Evacuation: No Public Evacuation: No Firemen at Scene: Yes Receiving Water: Not reported

Title:

CAMDEN CNTY FIRE

Company:

Not reported Not reported

Phone:

Title:

Not reported

Title:

Not reported

Time:

Not reported

Title:

Not reported

Time:

Not reported Not reported

Title: Time:

Not reported

Referred To: Telephone:

Not reported Not reported

Incident Time:

Not reported

EDR ID Number EPA ID Number

Site

Database(s)

INTERSECITON OF (Continued)

Comments:

CHART D

INTERSECTION OF ATLANTIC AVE + SOUTH 8TH ST CAMDEN, NJ

NJ Release **NJ Spills**

S102221740 N/A

S102485851

NJ Release:

Facility ID: Date Received: 18858 11/26/1995

Location: Other Facility Phone: Not reported Date of Incident: 11/26/1995

Substance(s): OIL MOTOR Substance Type: Liquid A310 Letter: No

Hazrds Material: Yes COMU: 0408 8 QTS Amnt Released: Release Type: Terminated

Injuries: No Public Exposure: No Police at Scene: No Contamination of: Land

Caller:

OPR. # 20 EXT 6200 Name: Address: FOR CAMDEN, NJ 609-783-4808 Telephone:

Responsible Party:

Name: UnKnown Contact: Not reported Address: Not reported County: Not reported

NJ Spill:

Name: Not reported Telephone: Not reported Date: Not reported

Local Municipality:

Name: Not reported Telephone: Not reported

Date:

Not reported

Other:

Name: Not reported Telephone: Not reported Date: Not reported

Incident:

Name: Not reported BFO-CAS Region: Date: 11/26/1995

ITM: Incident Description:

Spill Wind Direction/Speed: Not reported Assistance Requested: No

11/26/1995

Not reported

Not reported

Date A310 Letter Printed: Date Local Authority Was Notified:

Date Update: Not reported Date Report Faxed to Local Authority: Not reported Not reported

Local Authority Notification Date 1: Local Authority Notification Date 2: Case Number: 95-11-26-2155-10

Operator: ROB Nature of Incident: Municipal Residential Facility Type: Time of Incident: 21:23

Substance Identity: Known TCPA Chemical:

CAS Number: Not reported Ref. Code: 101 Release VE: **Estimate** Contained: Yes Facility Evacuation: No Public Evacuation: No Firemen at Scene: Yes

Title:

CAMDEN CNTY COMM.

Company: Title:

Receiving Water:

Not reported Not reported

NONE

Telephone:

Not reported

Title:

Not reported

Time:

Not reported

Municipality Title: Not reported

Time:

Not reported

Title:

Not reported

Time:

Not reported

Referred To: Telephone: Incident Time: DRPSR Faxed, Mailed Not reported

EDR ID Number EPA ID Number

INTERSECTION OF ATLANTIC AVE + (Continued)

S102221740

Local Authority Notification Date 3: Not reported

Status at Spill:

SPILL DUE TO LEAKING VEHICLE. CLEANUP IN PROGRESS BY FD.

Comments:

Not reported

11/26/1995

Not reported

OIL MOTOR

11/26/1995

Terminated

Other

No

Yes

0408

NJ Spill:

Site

18858 Facility ID:

Date Received: Location:

Facility Phone: Date of Incident:

Substance(s):

Substance Type: Liquid A310 Letter:

Hazrds Material: COMU:

Amnt Released: 8 QTS

Release Type: Injuries:

No Public Exposure: No Police at Scene: No Contamination of: Land

Caller:

Name: Address: Phone:

OPR. # 20 EXT 6200 FOR CAMDEN, NJ 609-783-4808

Responsible Party:

Name: Contact: Address:

UnKnown Not reported Not reported Not reported

County: NJ Spill:

Name: Not reported Phone:

Not reported Not reported Date:

Local Municipality:

Name: Phone:

Not reported Not reported Not reported

Date: Other:

> Name: Phone:

Not reported Not reported Not reported

Spill

No

Not reported

11/26/1995

Not reported

Not reported

Not reported

Not reported

Not reported

Date:

Incident:

Name:

Not reported Region: **BFO-CAS** Date: 11/26/1995

ITM:

В

Incident Description: Wind Direction/Speed:

Assistance Requested: Date A310 Letter Printed:

Date Local Authority Was Notified: Date Update:

Date Report Faxed to Local Authority: Not reported Local Authority Notification Date 1: Local Authority Notification Date 2:

Local Authority Notification Date 3:

Case Number:

95-11-26-2155-10

Operator: ROB Nature of Incident: Municipal Facility Type: Residential Time of Incident: 21:23

Substance Identity: Known TCPA Chemical: No

CAS Number:

Not reported Ref. Code: 101

Releáse VE:

Estimate Contained: Yes Facility Evacuation: No Public Evacuation: No Firemen at Scene: Yes

Receiving Water: NONE

Title:

CAMDEN CNTY COMM.

Company:

Title:

Not reported Not reported

Phone:

Not reported

Title:

Not reported

Time:

Not reported

Title:

Not reported

Time:

Not reported

Title:

Not reported

Time:

Not reported

Referred To: Telephone:

DRPSR Faxed, Mailed

Incident Time: Not reported Site

Database(s)

EDR ID Number **EPA ID Number**

INTERSECTION OF ATLANTIC AVE + (Continued)

S102221740

Status at Spill:

SPILL DUE TO LEAKING VEHICLE. CLEANUP IN PROGRESS BY FD.

Comments:

Not reported

SUNOCO STATION 2150 ADM WILSON BLVD CAMDEN, NJ

NJ Release NJ Spilis

S102208197 N/A

NJ Release:

Facility ID:

15304 08/23/1994 Date Received: Location:

Facility Facility Phone: Not reported Date of Incident: 08/23/1994

Substance(s): Substance Type: Liquid

A310 Letter:

Yes Yes

GASOLINE

Hazrds Material: COMU: Amnt Released:

0408 UNK Terminated

Release Type: Injuries: No Public Exposure: No Police at Scene: No Contamination of: Land

Caller:

Name: MR. VANDERSLICE

Address: Telephone: Not reported 908-919-0100

Responsible Party:

Name:

Known Not reported

Contact: Address:

2150 ADM WILSON BLVD

CAMDEN, NJ CAMDEN

County:

NJ Spill:

Name: Telephone:

Not reported Not reported Not reported

Date: Local Municipality:

Name: Telephone: **CAMDEN CITY** 609-757-7400

Date:

08/23/1994

Other:

Name: Telephone: Not reported Not reported

Date: Incident: Not reported

Name:

Not reported **BFO-CAS** Region: 08/23/1994 Date:

ITM:

Incident Description: Wind Direction/Speed:

Assistance Requested: Date A310 Letter Printed:

Date Local Authority Was Notified:

Date Update: Date Report Faxed to Local Authority: 08/23/1994

U.S.T. Not reported No

08/23/1994 Not reported

Not reported

Case Number:

94-8-23-1648-28

Operator: Nature of Incident: Other

Commercial

JIMH

Facility Type: Time of Incident:

Not reported

Substance Identity: Known No

TCPA Chemical: CAS Number:

Not reported

Ref. Code:

101

Release VE: Not reported

Contained: No Facility Evacuation: No Public Evacuation: No

Firemen at Scene: No Receiving Water: Not reported

Title:

GES

Company: Title:

SUNOCO STATION

Not reported

Telephone: Not reported

Title:

Not reported

Time:

Not reported

Municipality Title:

OPER 760

Time:

16:52

Title:

Not reported

Time:

Not reported

Referred To: Telephone: Incident Time: DRPSR Faxed, Mailed

SUNOCO STATION (Continued)

S102208197

Local Authority Notification Date 1: Not reported Local Authority Notification Date 2: Local Authority Notification Date 3:

Not reported Not reported

Status at Spill:

REMOVAL OF 1-10,000 GALLON TANK.

Comments:

Not reported

NJ Spill:

Facility ID: 15304 08/23/1994 Date Received: Location: Facility Facility Phone: Not reported Date of Incident: 08/23/1994 GASOLINE Substance(s):

Substance Type: Liquid A310 Letter: Yes Hazrds Material: Yes COMU: 0408

UNK Amnt Released: Release Type: Terminated Injuries: No

Public Exposure: Police at Scene: Contamination of: Land

Caller:

Name: MR. VANDERSLICE

Address: Not reported 908-919-0100 Phone:

Responsible Party:

Name: Known Contact: Not reported

2150 ADM WILSON BLVD Address:

CAMDEN, NJ

County: CAMDEN

NJ Spill:

Name: Not reported Phone: Not reported Date: Not reported

Local Municipality:

Name: **CAMDEN CITY** 609-757-7400 Phone: 08/23/1994

Date: Other:

Name: Not reported Not reported Phone: Date: Not reported

Incident:

Name: Not reported **BFO-CAS** Region: Date: 08/23/1994

ITM: Incident Description:

U.S.T. Wind Direction/Speed: Not reported Assistance Requested: No

08/23/1994 Date A310 Letter Printed: Date Local Authority Was Notified: Not reported Date Update: Not reported

08/23/1994 Date Report Faxed to Local Authority:

Case Number:

94-8-23-1648-28

Operator: JIMH Nature of Incident: Other Facility Type: Commercial Time of Incident: Not reported

Substance Identity: Known

TCPA Chemical: Nο

CAS Number: Not reported

Ref. Code:

101

Release VE: Not reported

Contained: Nο Facility Evacuation: No Public Evacuation: No Firemen at Scene: No

Receiving Water: Not reported

Title:

GES

Company:

SUNOCO STATION

Not reported

Phone:

Title:

Not reported

Title:

Not reported

Time:

Not reported

Title:

OPER 760

Time:

16:52

Title:

Not reported

Time:

Not reported

Referred To: Telephone: Incident Time: **DRPSR** Faxed, Mailed

Site

Database(s)

EDR ID Number EPA ID Number

SUNOCO STATION (Continued)

S102208197

Local Authority Notification Date 1:

Not reported

Local Authority Notification Date 2: Local Authority Notification Date 3:

Not reported Not reported

Status at Spill:

REMOVAL OF 1-10,000 GALLON TANK.

Comments:

Not reported

AMOCO STATION 1901 ADM WILSON BLVD CAMDEN, NJ

NJ Release NJ Spills

S102193940 N/A

NJ Release:

Facility ID:

7885 05/13/1993

Date Received: Location:

Facility

Facility Phone: Date of Incident: Not reported 05/11/1993

Substance(s): Substance Type:

KEROSENE Liquid

A310 Letter: Hazrds Material:

Yes Yes 0408

Amnt Released: UNK Release Type:

Terminated

Injuries: No Public Exposure: No Police at Scene: No Contamination of: Land

Caller:

COMU:

Name:

MR:COMAS Not reported

Address: Telephone:

215-278-6902

Responsible Party:

Name: Contact: Known Not reported

Address:

1901 ADM WILSON BLVD

CAMDEN, NJ CAMDEN

County: NJ Spill:

Name:

Not reported Not reported

Date:

Telephone: Not reported

Local Municipality:

Name: Telephone: **CAMDEN CITY** 609-757-7400

Date:

05/13/1993

Other:

Name: Not reported

Telephone: Not reported Date: Not reported

Incident:

Name: Region: Not reported **BFO-SA** 05/13/1993

Date: ITM:

Incident Description:

Wind Direction/Speed:

Assistance Requested: Date A310 Letter Printed: L.U.S.T.

Not reported

No Not reported Case Number:

Operator:

93-5-13-0849-34 JIMH

Nature of Incident: Other Facility Type:

Commercial Time of Incident: Not reported

Substance Identity: Known

TCPA Chemical: No CAS Number: 8008206 Ref. Code: 101

Release VE: Contained:

Not reported Yes Facility Evacuation: No

Public Evacuation: No Firemen at Scene: Yes

Receiving Water: Not reported

Title:

WASTE CONCEPTS

Company:

AMOCO STATION

Title:

Not reported

Telephone:

Not reported

Title:

Not reported

Time:

Not reported

Municipality Title:

OPER 775

Time:

08:53

Title:

Not reported

Time:

Not reported

Referred To: Telephone: Incident Time:

DRPSR Faxed, Mailed

EDR ID Number EPA ID Number

AMOCO STATION (Continued)

S102193940

Date Local Authority Was Notified:

Date Update:

Not reported Not reported

Date Report Faxed to Local Authority:

Not reported

Local Authority Notification Date 1:

Not reported

Local Authority Notification Date 2:

Not reported

Local Authority Notification Date 3:

Not reported

Status at Spill:

REMOVAL OF 1-4,000 GALLON TANK

Comments:

Not reported

NJ Spill:

Facility ID: Date Received: 7885 05/13/1993

Location:

Facility

Facility Phone:

Not reported

Date of Incident: Substance(s):

05/11/1993

Substance Type: Liquid

KEROSENE

A310 Letter:

Yes

Hazrds Material: COMU:

Yes 0408

Amnt Released:

UNK

Release Type:

Terminated

Injuries: No

Public Exposure: No Police at Scene: No

Contamination of: Land

Caller:

Name: Address: MR.COMAS

Phone:

Not reported 215-278-6902

Responsible Party:

Name:

Known

Contact: Address: Not reported 1901 ADM WILSON BLVD

CAMDEN, NJ

County:

CAMDEN

NJ Spill:

Name: Phone:

Not reported Not reported

Date:

Not reported

Local Municipality:

Name: Phone: CAMDEN CITY 609-757-7400

Date:

05/13/1993

Other:

Name:

Phone:

Not reported Not reported

Date:

Not reported

Incident:

Name: Region: Not reported **BFO-SA**

Date:

05/13/1993

ITM:

Incident Description: Wind Direction/Speed: L.U.S.T. Not reported

Assistance Requested:

Nο

Date A310 Letter Printed:

Not reported

Case Number:

93-5-13-0849-34

Operator: Nature of Incident: Other

JIMH

Facility Type: Time of Incident: Commercial

Substance Identity: Known

Not reported

TCPA Chemical: CAS Number:

8008206

Ref. Code:

101

Release VE:

Not reported

Contained: Yes Facility Evacuation: No Public Evacuation: No

Firemen at Scene: Yes

Receiving Water: Not reported

Title:

WASTE CONCEPTS

Company:

AMOCO STATION

Title: Not reported

Not reported

Phone: Title:

Not reported

Time:

Not reported

Title:

OPER 775

Time:

08:53

Title:

Not reported

Time:

Not reported

Referred To: Telephone: Incident Time: DRPSR Faxed.Mailed Not reported

Site

Database(s)

EDR ID Number EPA ID Number

S102193940

AMOCO STATION (Continued)

Not reported

Date Local Authority Was Notified: Date Update:

Not reported

Date Report Faxed to Local Authority: Not reported Local Authority Notification Date 1:

Not reported

Local Authority Notification Date 2:

Not reported

Local Authority Notification Date 3:

Not reported

Status at Spill:

REMOVAL OF 1-4,000 GALLON TANK

Comments:

Not reported

NORTH GATE ONE APTS 15TH FLOOR 7TH AVE / LINDEN

NJ Release NJ Spills

S102220457 N/A

CAMDEN, NJ NJ Release:

Facility ID:

16396

Date Received: Location:

10/13/1995 Other

Facility Phone:

Not reported

Date of Incident: 10/13/1995

Substance(s):

PESTICIDE, LIQUID

Substance Type:

Liquid

A310 Letter: Hazrds Material:

No Yes

COMU:

0408

Amnt Released:

UNKNOWN

Release Type: Injuries:

Terminated Yes

Public Exposure: Yes Police at Scene: Yes

Contamination of: Land, Air

Caller:

Name:

OPR 7

Address:

FOR CAMDEN CITY PD, NJ

Telephone: Responsible Party:

Name:

UnKnown

Contact: Address: Not reported Not reported

609-783-4808

County:

Not reported

NJ Spill: Name:

ÓЕМ

Telephone:

609-882-2000

Date:

10/13/1995

Local Municipality: Name: .

Not reported Not reported

Telephone:

Not reported

Date: Other:

Name: Telephone:

POISON CNTRL **FAXED**

Date:

Incident:

19951013

Name:

G.MCCREARY ER2

Region:

Date:

10/13/1995

ITM:

Name: Region:

Not reported

Pesticides

Case Number: Operator:

95-10-13-1402-26 JULIE1

Nature of Incident: Municipal

Facility Type: Time of Incident: Residential

13:14

Substance Identity: Suspected

TCPA Chemical:

No

CAS Number: Not reported 002

Ref. Code:

Not reported

Release VE: Contained: Unknown

Facility Evacuation: No Public Evacuation: Yes

Firemen at Scene: Yes Receiving Water: NONE

Title:

CAMDEN CNTY COMM

Company:

Not reported Not reported

Telephone:

Not reported

Title:

Title:

SGT SORCHIK

Time:

14:09

Municipality Title:

Not reported

Time:

Not reported Not reported

Title:

Time:

Not reported

Referred To: Telephone: Incident Time: DRPSR Office, Faxed

Referred To:

ESHA

14:06

Telephone:

Faxed

EDR ID Number EPA ID Number

Site

NORTH GATE ONE APTS 15TH FLOOR (Continued)

S102220457

Date:

10/13/1995

Incident Time:

Not reported

95-10-13-1402-26

JULIE1

13:14

No

002

Residential

Not reported

Not reported

Unknown

NONE

ITM:

Incident Description:

IMPROPER APPLICATION

Wind Direction/Speed:

Not reported

Assistance Requested:

No

Date A310 Letter Printed:

Not reported

Date Local Authority Was Notified: Date Update:

Not reported Not reported

Date Report Faxed to Local Authority: Not reported

Local Authority Notification Date 1: Local Authority Notification Date 2: Not reported Not reported

Local Authority Notification Date 3:

Not reported

Status at Spill:

MATERIAL APPLIED CAUSING WORKER & CITIZEN TO BECOME ILL DUE TO

INHALATION. UNK NUMBER RESIDENCE EVAC FROM 15TH FLOOR.HAZ-MAT ENROUTE

Operator:

Case Number:

Facility Type:

Time of Incident:

TCPA Chemical:

Facility Evacuation: No

Public Evacuation: Yes

Firemen at Scene: Yes

Receiving Water:

CAS Number:

Ref. Code:

Release VE:

Contained:

Nature of Incident: Municipal

Substance Identity: Suspected

Comments: Not reported

NJ Spill:

Facility ID:

16396

Date Received: Location:

10/13/1995

Other

Facility Phone:

Not reported

Date of Incident: Substance(s):

10/13/1995 PESTICIDE, LIQUID

Substance Type: Liquid

A310 Letter:

No

Hazrds Material: COMU:

Yes 0408

Amnt Released:

UNKNOWN

Release Type: Injuries:

Terminated Yes

Public Exposure: Yes

Police at Scene: Yes

Contamination of: Land, Air

Caller: Name:

OPR 7

Address:

FOR CAMDEN CITY PD, NJ

Phone:

609-783-4808

Responsible Party:

Name: Contact: UnKnown Not reported

Address:

Not reported

County: NJ Spill:

Not reported

Name: OEM

Phone:

609-882-2000

Date:

10/13/1995

Local Municipality:

Name:

Phone:

Not reported Not reported

Date:

Not reported

Other:

POISON CNTRL

Name: Phone:

FAXED

Date: Incident: 19951013

Name: **G.MCCREARY**

Region:

ER2

Company:

Not reported

Title:

Title:

Not reported

CAMDEN CNTY COMM

Phone:

Not reported

Title:

SGT SORCHIK

Time:

14:09

Title:

Not reported Not reported

Time:

Not reported

Title: Time:

Not reported

Referred To: Telephone:

DRPSR Office,Faxed Air Release

Not reported

Not reported

Not reported

No

Database(s)

EDR ID Number EPA ID Number

Site

NORTH GATE ONE APTS 15TH FLOOR (Continued)

S102220457

Date: ITM:

10/13/1995

Name:

Date:

Region:

Not reported Pesticides

10/13/1995

ITM:

Name: Region: Date:

Not reported Not reported Not reported

ITM: Not reported

Incident Description:

Wind Direction/Speed: Assistance Requested:

Date A310 Letter Printed: Date Local Authority Was Notified:

Date Update: Not reported Date Report Faxed to Local Authority: Not reported Local Authority Notification Date 1: Not reported Local Authority Notification Date 2: Not reported Not reported

Local Authority Notification Date 3: MATERIAL APPLIED CAUSING WORKER & CITIZEN TO BECOME ILL DUE TO

Status at Spill:

AT THE INTERSECTION OF

INHALATION. UNK NUMBER RESIDENCE EVAC FROM 15TH FLOOR.HAZ-MAT ENROUTE

Comments: Not reported Incident Time:

14:06

Referred To: Telephone: Incident Time:

Not reported Not reported

ESHA

Referred To:

Telephone: Incident Time:

ESHA Not reported Not reported

NJ Release

S102209658 N/A

BAIRD BLVD-PARK AVE CAMDEN, NJ

NJ Release:

Facility ID: Date Received:

10/11/1994 Location: Other Facility Phone:

Not reported 10/07/1994 Date of Incident: Substance(s): DIESEL FUEL

18302

Substance Type: Liquid A310 Letter: Yes

Hazrds Material: Yes COMU: 0408 Amnt Released: 10 GAL

Release Type: Terminated Injuries: Nο Public Exposure: No Police at Scene: No Contamination of: Land

Caller:

Name: Address: JOHN HILL

1490 SOUTH WEST BLVD

VINELAND, NJ 609-692-3979

Telephone: Responsible Party:

Name: Contact:

Known JOHN HILL

Address:

1490 SOUTH WEST BLVD

VINELAND, NJ **CUMBERLAND**

County: NJ Spill:

Name: Not reported **NJ Spills**

Case Number: 94-10-11-1554-38 DIANNE Operator: Nature of incident: Facility Facility Type: Residential

Time of Incident: 16:00

Substance Identity: Known TCPA Chemical: No

CAS Number: Not reported Ref. Code: 101 Release VE: **Estimate** Contained: Yes

Facility Evacuation: No Public Evacuation: No Firemen at Scene: No

Receiving Water: Not reported

Title:

WASTE MANAGEMENT

Company: Title:

WASTE MANAGEMENT

OPR. MNGR.

Telephone:

609-692-3970

Title:

Site

Database(s)

EDR ID Number EPA ID Number

AT THE INTERSECTION OF (Continued)

S102209658

Telephone:

Not reported

Date:

Not reported

Time:

Not reported

Local Municipality:

Name: Telephone: CAMDEN CITY 609-757-7400

Municipality Title:

OPR. #770

Date:

10/11/1994

Time:

16:13

Other:

Name: Telephone: Not reported Not reported Title:

Not reported

Date:

Not reported

Time:

Not reported

Incident:

Name: Region: Not reported **BFO-CAS** 10/11/1994

Referred To: Telephone:

DRPSR

Date:

Incident Time:

Faxed, Mailed Not reported

ITM: R Incident Description:

Wind Direction/Speed: Assistance Requested: Spill

Not reported No

Date A310 Letter Printed: Date Local Authority Was Notified: 10/11/1994 Not reported

Date Update:

Not reported

Date Report Faxed to Local Authority: Not reported Local Authority Notification Date 1: Local Authority Notification Date 2:

Not reported Not reported

Local Authority Notification Date 3:

Not reported DRIVE SHAFT BROKE ON VEHICLE CAUSING FUEL TANK TO RUPTURE. CLEAN UP

DONE BY WASTE MANAGEMENT.

Comments:

Status at Spill:

Not reported

NJ Spill:

Facility ID: 18302 Date Received:

Location:

10/11/1994 Other

Facility Phone: Date of Incident: Substance(s):

Not reported 10/07/1994 **DIESEL FUEL**

Substance Type: Liquid A310 Letter:

Yes Hazrds Material: Yes 0408

COMU: Amnt Released: 10 GAL Terminated Release Type:

Injuries: Public Exposure: No Police at Scene: No

Contamination of: Land

Caller:

Name:

JOHN HILL

Address:

1490 SOUTH WEST BLVD

VINELAND, NJ 609-692-3979

Phone:

Responsible Party:

Name: Contact: Address: Known

JOHN HILL 1490 SOUTH WEST BLVD

VINELAND, NJ

County:

CUMBERLAND

Case Number:

94-10-11-1554-38

Operator: Nature of Incident: Facility

DIANNE

Facility Type:

Residential

Time of Incident: 16:00

Substance Identity: Known TCPA Chemical:

No Not reported

CAS Number: Ref. Code: Release VE:

101 **Estimate**

Contained: Yes Facility Evacuation: No Public Evacuation: No

Firemen at Scene: No Receiving Water: Not reported

WASTE MANAGEMENT

Title:

Company:

WASTE MANAGEMENT

Title: OPR. MNGR.

Phone:

609-692-3970

Title:

Time:

Title:

Time:

Title:

Time:

Referred To:

Telephone:

Incident Time:

Site

Database(s)

Not reported

Not reported

OPR. #770

Not reported

Not reported

Faxed.Mailed

Not reported

DRPSR

16:13

EDR ID Number EPA ID Number

AT THE INTERSECTION OF (Continued)

S102209658

NJ Spill:

Name:

Not reported Not reported

Phone: Date:

Not reported

Local Municipality:

Name: Phone: CAMDEN CITY 609-757-7400 10/11/1994

Not reported

Date: Other:

Name: Phone:

Not reported Not reported Date: Not reported

Incident:

Name: Region: Date:

BFO-CAS 10/11/1994 В

ITM:

Incident Description: Wind Direction/Speed:

Assistance Requested: Date A310 Letter Printed:

Date Local Authority Was Notified: Date Update:

Date Report Faxed to Local Authority: Local Authority Notification Date 1:

Local Authority Notification Date 2: Local Authority Notification Date 3: DRIVE SHAFT BROKE ON VEHICLE CAUSING FUEL TANK TO RUPTURE. CLEAN UP

Status at Spill:

DONE BY WASTE MANAGEMENT. Not reported

Spill Not reported

No

10/11/1994

Not reported

Not reported Not reported

Not reported

Not reported

Not reported

Comments:

LUST

NJ Release

S104005975 N/A

S102204513

N/A

SOUTH JERSEY PORT CORP. BECKETT STREET TERMINAL **BECKETT ST / FRONT ST** CAMDEN, NJ

LUST:

Facility ID: Facility Status: 89-10-26-1354 Assigned to a Program

Bureau of Underground Storage Tanks

0182405

Lead Program Assigned to Case:

TMS Number:

C91-1180;C91-1688

Remecdial Level:

TEN

Case Manager: Web Data Case Manager:

Not reported

RESIDENCE 3293 BEIDEMEN AVE CAMDEN, NJ

NJ Release:

Facility ID: Date Received: 7669 05/05/1994

Location: Other Facility Phone: Not reported 05/04/1994 Date of Incident: Substance(s):

Substance Type: Liquid A310 Letter:

OIL FUEL #2

Yes

NJ Spills

Case Number: Operator:

RICH Nature of Incident: Citizen Residential

15:00

94-5-5-1323-21

Facility Type: Time of Incident:

Substance Identity: Known

TCPA Chemical:

TC465843.1p Page 47 of 193

EDR ID Number **EPA ID Number**

S102204513

RESIDENCE (Continued)

Hazrds Material: Yes 0408

соми:

Amnt Released: UNKNOWN

Release Type:

Terminated

Injuries: No Public Exposure: Yes Police at Scene: No Contamination of: Land

Caller:

Address:

Telephone:

Name:

ANONYMOUS Not reported Not reported

Responsible Party:

Name: Contact: Address: UnKnown Not reported Not reported Not reported

County: NJ Spill:

Name: Not reported Not reported Telephone:

Date:

Local Municipality: Name: **CAMDEN CITY**

Telephone: Date:

609-757-7400 05/05/1994

Not reported

Not reported

Not reported

Other:

Name: Telephone:

Date: Not reported Incident:

Name: Region: Date:

Not reported **BFO-CAS** 05/05/1994 R

ITM:

Incident Description:

Wind Direction/Speed: Assistance Requested:

Date A310 Letter Printed: Date Local Authority Was Notified:

Date Update:

Date Report Faxed to Local Authority: 05/05/1994 Local Authority Notification Date 1: Local Authority Notification Date 2:

Local Authority Notification Date 3:

Status at Spill:

Comments:

NJ Spill: Facility ID: 7669 Date Received: 05/05/1994 Location: Other

Facility Phone: Not reported Date of Incident: 05/04/1994

Substance(s): OIL FUEL #2 Substance Type: Liquid

CAS Number:

Not reported

Ref. Code:

101

Release VE:

Not reported Nο

Contained:

Facility Evacuation: No Public Evacuation: No

Receiving Water: Not reported

Firemen at Scene: No

Title:

Not reported

Company:

Telephone:

Not reported Not reported Title:

Not reported

Title:

Not reported Not reported

Time:

Municipality Title: **OPER 754**

13:25

Time:

Title:

Not reported

Time:

Not reported

Referred To: Telephone: Incident Time: DRPSR Faxed.Mailed Not reported

Illegal Dumping

Not reported No

05/05/1994 Not reported

Not reported

Not reported Not reported

Not reported

RESIDENT REMOVED OIL TANK FROM BASEMENT & DUMPED REMAINING CONTENTS ON

GROUND IN BACK YARD, ODORS STILL IN AREA

CAMDEN PD CALLED BACK AND CHANGED ADDRESS TO 3293 PELHAM PL PER OPER 716-REB

Operator:

Case Number:

94-5-5-1323-21 RICH

Nature of Incident: Facility Type:

Citizen Residential

Time of Incident:

15:00

Substance Identity: Known

EDR ID Number EPA ID Number

S102204513

RESIDENCE (Continued)

A310 Letter: Hazrds Material: Yes

COMU: 0408

Amnt Released: UNKNOWN Release Type: Terminated

Injuries: No Public Exposure: Yes Police at Scene: No Contamination of: Land

Caller:

Name: **ANONYMOUS** Address: Not reported Phone: Not reported

Responsible Party:

Name: UnKnown Contact: Not reported Address: Not reported Not reported County:

NJ Spill:

Name: Not reported Phone: Not reported Date: Not reported

Local Municipality:

Name: **CAMDEN CITY** 609-757-7400 Phone: 05/05/1994 Date:

Other:

Name: Not reported Phone: Not reported Date: Not reported

Incident: Name:

Not reported Region: **BFO-CAS** Date: 05/05/1994

ITM: Incident Description: Wind Direction/Speed:

Assistance Requested: Date A310 Letter Printed: Date Local Authority Was Notified:

Date Update: Date Report Faxed to Local Authority: 05/05/1994 Local Authority Notification Date 1: Local Authority Notification Date 2:

Local Authority Notification Date 3:

Status at Spill:

Comments:

ON ROADWAY ON 32ND ST AT BERGEN AVE CAMDEN, NJ

NJ Release:

Facility ID: Date Received: 01/11/1993 Location: Other

TCPA Chemical: No

CAS Number: Ref. Code:

Not reported 101

Release VE:

Not reported

Contained: No Facility Evacuation: No Public Evacuation: No Firemen at Scene: No

Receiving Water: Not reported

Title:

Not reported

Company:

Not reported Title: Not reported

Phone:

Not reported

Title:

Not reported Not reported

Time:

Title: **OPER 754**

Time:

13:25

Title:

Not reported

Time:

Not reported

Referred To: Telephone: Incident Time: DRPSR Faxed, Mailed Not reported

Not reported No 05/05/1994

Illegal Dumping

Not reported Not reported

Not reported Not reported Not reported

RESIDENT REMOVED OIL TANK FROM BASEMENT & DUMPED REMAINING CONTENTS ON

GROUND IN BACK YARD, ODORS STILL IN AREA

CAMDEN PD CALLED BACK AND CHANGED ADDRESS TO 3293 PELHAM PL PER OPER

716-REB

NJ Release NJ Spills

S102190262 N/A

447

Case Number:

93-1-11-0829-59

Operator:

RICH

ON ROADWAY ON 32ND ST (Continued)

S102190262

Facility Phone: Not reported Date of Incident: 01/11/1993 Substance(s): **OIL HYDRAULIC**

Substance Type: Liquid A310 Letter: Yes Hazrds Material: Yes

COMU: 0408 4-5 GAL Amnt Released: Release Type: Terminated

Injuries: No Public Exposure: No Police at Scene: No Contamination of: Land

Caller:

Name: **CHRIS BOYLE** Address:

1001 FAIRVIEW ST CAMDEN, NJ

Telephone: 609-541-2751

Responsible Party:

Name: Known Contact:

CHRIS BOYLE Address: 1001 FAIRVIEW ST

CAMDEN, NJ CAMDEN County:

NJ Spill:

Name: Not reported Telephone: Not reported Date: Not reported

Local Municipality:

Name: CAMDEN CITY Telephone: 609-757-7400 01/11/1993 Date:

Other:

Name: Not reported Telephone: Not reported Date: Not reported

Incident: Name: Not reported **BFO-SA** Region: Date: 01/11/1993

ITM:

Incident Description: Wind Direction/Speed:

Assistance Requested: Date A310 Letter Printed:

Date Local Authority Was Notified: Date Update:

Date Report Faxed to Local Authority: Not reported Local Authority Notification Date 1: Local Authority Notification Date 2:

Local Authority Notification Date 3: Status at Spill: SPILL ON ROAD DUE TO LEAKING HOSE, CLEANED UP WITH 2 BAGS OF

Comments: Not reported

Facility ID: 447 Facility Type: Time of Incident:

Residential 07:45

Substance Identity: Known TCPA Chemical: No

CAS Number: Ref. Code:

Not reported

101 Release VE: **Estimate** Contained: Yes Facility Evacuation: No Public Evacuation: No

Firemen at Scene: No Not reported

Receiving Water:

Title:

O'CONNOR CORP

Company:

O'CONNOR CORP Title: **SUPERVISOR**

Telephone:

Title:

Not reported Not reported

609-541-2751

Time:

OPER 754

Municipality Title:

Time:

08:38

Title:

Not reported

Time:

Not reported

Referred To: Telephone:

DRPSR Faxed, Mailed 08:38

Incident Time:

Spill

No

Not reported

SPEEDI-DRI

NJ Spill:

Case Number:

93-1-11-0829-59

ON ROADWAY ON 32ND ST (Continued)

\$102190262

N ROADWAY ON 321	ND ST (Continued)			
Date Received:	01/11/1993		Operator:	RICH
Location:	Other.	•	Nature of Incident:	Other
Facility Phone:	Not reported		Facility Type:	Residential
Date of Incident:			Time of Incident:	07:45
Substance(s):	OIL HYDRAULIC	•		5,110
Substance Type:		•	Substance Identity	Known
A310 Letter:	Yes		TCPA Chemical:	No
Hazrds Material:	Yes		CAS Number:	Not reported
COMU:	0408		Ref. Code:	101
Amnt Released:	4-5 GAL		Release VE:	Estimate
Release Type:	Terminated		Contained:	Yes
Injuries:	No		Facility Evacuation	: No
Public Exposure:	No ·		Public Evacuation:	
Police at Scene:	No -		Firemen at Scene:	No
Contamination of:	Land	,	Receiving Water:	Not reported
Caller:			• •	
Name:	CHRIS BOYLE		Title:	O'CONNOR CORF
Address:	1001 FAIRVIEW ST	-	•	
	CAMDEN, NJ	•		
Phone:	609-541-2751		• .	
Responsible Party	<i>(</i> :			
Name:	Known		Company:	O'CONNOR CORF
Contact:	CHRIS BOYLE	•	Title:	SUPERVISOR
Address:	1001 FAIRVIEW ST	•		
	CAMDEN, NJ			
County:	CAMDEN		Phone:	609-541-2751
NJ Spill:				
Name:	Not reported		Title:	Not reported
Phone:	Not reported		•	
Date:	Not reported		Time:	Not reported
Local Municipality	:			
Name:	CAMDEN CITY		Title:	OPER 754
Phone:	609-757-7400			*
Date:	01/11/1993		Time:	08:38
Other:				
Name:	Not reported		Title:	Not reported
Phone:	Not reported		1	•
Date:	Not reported		Time:	Not reported
Incident:				
Name:	Not reported	•	Referred To:	DRPSR
Region:	BFO-SA	1	Telephone:	Faxed, Mailed
Date:	01/11/1993	•	Incident Time:	08:38
ITM:	В	·		
Incident Description		Spill		
Wind Direction/Speed:		Not reported		
Assistance Requested:		No 🕠		
Date A310 Letter Printed:		Not reported		
Date Local Authority Was Notified:		Not reported	*	
Date Update:		Not reported		

Date Report Faxed to Local Authority: Not reported
Local Authority Notification Date 1: Not reported
Local Authority Notification Date 2: Not reported
Local Authority Notification Date 3: Not reported
Local Authority Notification Date 3: Not reported
Status at Spill: SPILL ON ROAD DUE TO LEAKING HOSE, CLEANED UP WITH 2 BAGS OF

SPEEDI-DRI

Comments: Not reported

EDR ID Number **EPA ID Number**

Site

AREA OF 1200 BLOCK FRONT ST CAMDEN, NJ

NJ Release NJ Spills

S102216585 N/A

NJ Release:

Facility ID:

Date Received:

Location:

Other Facility Phone: . Not reported Date of Incident: 06/14/1995

Substance(s):

UNKNOWN LIQUID

9032

06/14/1995

Substance Type: Liquid A310 Letter: Yes Hazrds Material: Unknown COMU: 0408

Amnt Released: UNK Release Type: Continuous

Injuries: No Public Exposure: No Police at Scene: Yes Contamination of: Land

Caller:

Name: Address:

VINCE BARBER Telephone:

Not reported 609-374-6049

Responsible Party:

Name: Contact: Address:

UnKnown Not reported Not reported Not reported

County: NJ Spill:

Name: Not reported Telephone: Not reported Not reported

Date:

Local Municipality: Name: **CAMDEN CITY**

Telephone:

609-757-7400 06/14/1995

Not reported

Date: Other:

> Name: Not reported Telephone: Not reported

Date:

Incident: Name: C. HAGERMAN ER2

Region: Date: ITM:

06/14/1995

Incident Description:

Wind Direction/Speed:

Assistance Requested: Date A310 Letter Printed:

Date Local Authority Was Notified: Date Update:

Date Report Faxed to Local Authority: Local Authority Notification Date 1: Local Authority Notification Date 2:

Local Authority Notification Date 3: Status at Spill: Comments:

Not reported

Case Number: 95-6-14-0952-46

Operator: JIMH Nature of Incident: Other Facility Type: Industrial Time of Incident: 09:52

Substance Identity: Unknown TCPA Chemical: Unknown CAS Number: Not reported

002

Ref. Code:

Release VE: Not reported Contained: No

Facility Evacuation: No Public Evacuation: No Firemen at Scene: Yes

Receiving Water: Not reported

Title:

CAMDEN CNTY HD

Company: Title:

Not reported Not reported

Not reported

Not reported

Telephone:

Title:

Not reported

Time:

Municipality Title: **OPER 703**

Time:

09:58

Title: Not reported

Time:

Not reported

Referred To: Telephone:

DRPSR Faxed, Mailed

Incident Time:

09:55

Abandoned Containers, Spil Not reported

No

06/14/1995 Not reported

Not reported

06/14/1995 Not reported

Not reported Not reported

FOUND 5 CONTAINERS WITH SOME SPILLAGE. HD WILL HANDLE PROBLEM.

AREA OF (Continued)

S102216585

NJ Spill: Facility ID: 9032 Date Received: 06/14/1995 Location: Other Facility Phone: Not reported Date of Incident: 06/14/1995

Substance(s): **UNKNOWN LIQUID** Substance Type: Liquid A310 Letter: Yes Hazrds Material: Unknown COMU: 0408 Amnt Released: UNK

Release Type: Continuous Injuries: No Public Exposure: No Police at Scene: Yes Contamination of: Land

Caller:

Name: Address: Phone:

VINCE BARBER Not reported 609-374-6049

Responsible Party:

Name: UnKnown Contact: Not reported Address: Not reported County: Not reported

NJ Spill: Name: Not reported

Phone: Not reported Date: Not reported

Local Municipality:

Name: CAMDEN CITY 609-757-7400 Phone: 06/14/1995 Date:

Other:

Name: Not reported Phone: Not reported Date: Not reported

Incident:

C. HAGERMAN Name: Region: ER2 06/14/1995 --

Date: ITM:

Incident Description: Wind Direction/Speed:

Assistance Requested: Date A310 Letter Printed:

Date Local Authority Was Notified: Date Update:

Date Report Faxed to Local Authority: Local Authority Notification Date 1:

Local Authority Notification Date 2: Local Authority Notification Date 3:

Status at Spill:

Comments:

Case Number:

95-6-14-0952-46

Operator: JIMH Nature of Incident: Other Facility Type: Industrial Time of Incident: / 09:52

Substance Identity: Unknown TCPA Chemical: Unknown CAS Number: Not reported 002

Ref. Code: Not reported Release VE:

Contained: No Facility Evacuation: No Public Evacuation: No Firemen at Scene: Yes

Receiving Water: Not reported

Title:

Title:

CAMDEN CNTY HD

Company:

Not reported Not reported

Phone: Not reported

Title: Not reported

Time:

Not reported

Title:

OPER 703

Time:

09:58

Title:

Not reported

Time:

Not reported

Referred To: Telephone:

DRPSR Faxed, Mailed

Incident Time:

09:55

Not reported

Νo 06/14/1995

Abandoned Containers, Spil

Not reported

Not reported 06/14/1995

Not reported Not reported

Not reported FOUND 5 CONTAINERS WITH SOME SPILLAGE. HD WILL HANDLE PROBLEM.

EDR ID Number EPA ID Number

CAMDEN CITY METERING STATION BLOCK 232 LOT 26 CAMDEN, NJ

NJ Release NJ Spills

S102487697 N/A

NJ Release:

Facility ID:

17124 10/23/1996

Date Received:

Location: Facility Phone:

Date of Incident: Substance(s):

10/23/1996 MERCURY

Not reported

Other

POLYCHLORINATED BIPHENYLS

Substance Type: Liquid A310 Letter: Yes Hazrds Material: Yes соми: 0408

Amnt Released: UNK Release Type:

Terminated Injuries: No Public Exposure: No Police at Scene: No Contamination of: Land

Caller:

Name:

CHRIS R ALBERS 2800 POST OAK RD Address:

HOUSTON, TX

713-439-2000 Telephone:

Responsible Party:

Name: Contact: Known

CHRIS R ALBERS Address: 2800 POST OAK RD

HOUSTON, TX Not reported

County:

NJ Spill:

Name: Not reported Telephone: Not reported Date: Not reported

Local Municipality:

Name: Telephone:

CAMDEN CITY 609-757-7400 10/23/1996

Date: Other:

Name: Not reported Telephone: Not reported Not reported

Date:

Incident: Name: Not reported **BFO-CAS** Region:

Date:

10/23/1996

Spill

No

Not reported

Not reported

Not reported

Not reported

Not reported

ITM: Incident Description:

Wind Direction/Speed:

Assistance Requested: Date A310 Letter Printed:

Date Local Authority Was Notified: Date Update:

Date Report Faxed to Local Authority: Local Authority Notification Date 1: Local Authority Notification Date 2:

Not reported Not reported Case Number:

96-10-23-1334-01

Operator:

JOEG Nature of Incident: Facility Facility Type: Not reported Time of Incident: Not reported

No

101

1336363

Not reported

Substance Identity: Known

TCPA Chemical: CAS Number:

Ref. Code: Release VE:

Contained: Unknown Facility Evacuation: No Public Evacuation: No

Firemen at Scene: No Receiving Water: Not reported

Title:

TRANSCO PIPELINE

Company:

TRANSCO PIPELINE

Title:

ENV ENG

Telephone:

713-439-2000

Title:

Not reported

Time:

Not reported

Municipality Title:

OPER#6

Time:

13:49

Title:

Not reported

Time:

Not reported

Referred To: Telephone:

DRPSR

Incident Time:

Not reported Not reported

CAMDEN CITY METERING STATION (Continued)

S102487697

Local Authority Notification Date 3:

Not reported Status at Spill:

SITE INVESTIGATION DISCOVERED ABOVE CONTAMINANTS. RP CONDUCTING SITE

INVESTIGATION/REMEDIAL MEASURES-HISTORICAL DISCHARGE.

Comments:

INCIDENT RECIEVED VIA LETTER VIA CAS. 33 TOTAL SITES, EACH SITE

ASSIGNED SPEERATE CASE NUMBER. SEE 10-14-96 LETTER FROM RP. JG

NJ Spill:

Facility ID: 17124 Date Received:

10/23/1996 Other

Location: Facility Phone: Date of Incident:

Not reported 10/23/1996

Substance(s):

MERCURY POLYCHLORINATED BIPHENYLS

Substance Type: Liquid A310 Letter: Yes

Hazrds Material: Yes COMU: 0408 UNK

Amnt Released: Release Type:

Terminated

Injuries: Public Exposure: No Police at Scene: No Contamination of: Land

Caller:

Name:

CHRIS R ALBERS

Address:

2800 POST OAK RD

HOUSTON, TX 713-439-2000

Phone: Responsible Party:

Name: Known

Contact: **CHRIS R ALBERS**

Address: 2800 POST OAK RD HOUSTON, TX

County:

Not reported NJ Spill:

Name: Not reported Phone: Not reported

Date:

Not reported

Local Municipality:

Name: Phone: Not reported Not reported

Date: Other:

Not reported

Not reported Name: Phone: Not reported Date: Not reported

Incident:

Name: Not reported Region: Not reported Date: Not reported ITM: Not reported

Incident Description:

Wind Direction/Speed: Assistance Requested:

Date A310 Letter Printed: Date Local Authority Was Notified: Spill

Not reported No

Not reported Not reported Case Number:

96-10-23-1334-01 **JOEG**

Operator: Nature of Incident: Facility Facility Type:

Not reported

Time of Incident:

Not reported

Substance Identity: Known TCPA Chemical:

CAS Number: Ref. Code:

1336363 101 Not reported

Release VE: Contained: Unknown Facility Evacuation: No

Public Evacuation: No Firemen at Scene: No

Receiving Water: Not reported

Title:

TRANSCO PIPELINE

Company: Title:

TRANSCO PIPELINE

ENV ENG

Phone:

Title:

Not reported

713-439-2000

Time:

Not reported

Title:

Not reported

Time:

13:49

Title:

Not reported

Time:

Not reported

Referred To: Telephone: Incident Time: Not reported Not reported Not reported

EDR ID Number EPA ID Number

CAMDEN CITY METERING STATION (Continued)

S102487697

Date Update:

Site

Not reported

Date Report Faxed to Local Authority: Not reported

Local Authority Notification Date 1:

Not reported

Local Authority Notification Date 2:

Local Authority Notification Date 3:

Not reported

Not reported

Status at Spill:

SITE INVESTIGATION DISCOVERED ABOVE CONTAMINANTS. RP CONDUCTING SITE

INVESTIGATION/REMEDIAL MEASURES-HISTORICAL DISCHARGE.

Comments:

INCIDENT RECIEVED VIA LETTER VIA CAS. 33 TOTAL SITES, EACH SITE

ASSIGNED SPEERATE CASE NUMBER. SEE 10-14-96 LETTER FROM RP. JG

AREA OF **BROADWAY / WASHINGTO** CAMDEN, NJ

S102196618 **NJ Release** NJ Spills N/A

NJ Release:

Facility ID:

13476

Date Received: Location:

08/10/1993

Other

Facility Phone:

Not reported 08/10/1993

Date of Incident: Substance(s):

OIL HYDRAULIC

Substance Type: Liquid

A310 Letter:

Yes

Hazrds Material:

Yes 0408

No

COMU: Amnt Released:

8 GALLON

Release Type:

Terminated

Injuries:

Public Exposure: No

Police at Scene: No

Contamination of: Land

Caller:

Name:

MR.DOYLE

Address:

1001 FAIRVIEW

CAMDEN, NJ

Telephone:

609-541-2751

Responsible Party:

Name:

Known

Contact: Address: MR.DOYLE 1001 FAIRVIEW

CAMDEN, NJ

County:

CAMDEN

NJ Spill: Name:

Not reported

Telephone:

Not reported

Date:

Not reported

Local Municipality:

Name: Telephone: **CAMDEN CITY** 609-757-7400

Date:

08/10/1993

Other:

Name:

Not reported Telephone:

Date:

Not reported Not reported

Incident:

Name: Region: Not reported **BFO-SA**

Date:

08/10/1993

Case Number:

Operator: JIMH

Nature of Incident: Facility Facility Type: Residential

Time of Incident:

08:10

93-8-10-0828-38

Substance Identity: Known

TCPA Chemical: No. Not reported

CAS Number: Ref. Code:

101

Release VE:

Estimate

Contained: Yes Facility Evacuation: No

Public Evacuation: No Firemen at Scene: No

Receiving Water: Not reported

Title:

O'CONNOR CORP

Company: Title:

O'CONNOR CORP

SUPERVISOR

Telephone:

Not reported

Title:

Not reported

Time:

Not reported

Municipality Title: , OPER 770

Time:

08:33

Title:

Not reported

Time:

Not reported

Referred To: Telephone: Incident Time: DRPSR Faxed, Mailed Not reported

EDR ID Number **EPA ID Number**

S102196618

Site

AREA OF (Continued)

ITM:

Incident Description.

Spill

Wind Direction/Speed:

Not reported

Assistance Requested: Date A310 Letter Printed: No

Date Local Authority Was Notified:

08/10/1993 Not reported

Date Update:

Not reported

Date Report Faxed to Local Authority: 08/10/1993 Local Authority Notification Date 1:

Local Authority Notification Date 2:

Not reported Not reported

Local Authority Notification Date 3:

Not reported

Status at Spill:

LEAKING HOSE CAUSED SPILL. COMPANY DOING CLEANUP

Comments:

Not reported

NJ Spill:

13476

Facility ID: Date Received:

08/10/1993

Location:

Other

Facility Phone:

Not reported

Date of Incident:

08/10/1993

Substance(s):

OIL HYDRAULIC

Substance Type:

Liquid

A310 Letter: Hazrds Material:

Yes Yes

COMU:

0408

Amnt Released:

8 GALLON

Release Type:

Terminated

Injuries: Public Exposure: No

No

Police at Scene: No Contamination of: Land

Caller:

MR.DOYLE

Name: Address:

1001 FAIRVIEW

CAMDEN, NJ

Phone:

609-541-2751

Responsible Party:

Name:

Known

Contact:

MR.DOYLE

Address:

1001 FAIRVIEW

CAMDEN, NJ

County: NJ Spill:

CAMDEN

Name:

Not reported

Phone:

Not reported

Date: Local Municipality:

Not reported

Name:

CAMDEN CITY 609-757-7400

Phone: Date:

08/10/1993

Other:

Name:

Not reported

Phone:

Not reported

Date: Incident:

Not reported

Name:

Not reported

Region:

BFO-SA

Case Number: Operator:

Time of Incident:

93-8-10-0828-38

JIMH

Nature of Incident: Facility Facility Type:

Residential

08:10

Substance Identity: Known

TCPA Chemical: No

CAS Number:

Not reported 101

Ref. Code: Release VE:

Estimate

Contained: Yes

Facility Evacuation: No

Public Evacuation: No Firemen at Scene: No

Receiving Water:

Not reported

Title:

O'CONNOR CORP

Company:

O'CONNOR CORP

Title:

SUPERVISOR

Phone:

Not reported Not reported

Title: Time:

Not reported

Title:

OPER 770

Time:

08:33

Title:

Not reported Not reported

Time:

DRPSR

Referred To: Telephone:

Faxed, Mailed

AREA OF (Continued)

S102196618

EDR ID Number EPA ID Number

Date: ITM:

Site

08/10/1993

Incident Time:

Not reported

Incident Description: Wind Direction/Speed: Spill

Not reported

Assistance Requested:

No

Date A310 Letter Printed:

08/10/1993

Date Local Authority Was Notified: Date Update:

Not reported Not reported

Date Report Faxed to Local Authority:

08/10/1993

Local Authority Notification Date 1:

Not reported

Local Authority Notification Date 2:

Not reported .

Local Authority Notification Date 3:

Not reported

Status at Spill:

LEAKING HOSE CAUSED SPILL. COMPANY DOING CLEANUP

Comments: Not reported

ROADWAY

NJ Release NJ Spills

S102201947 N/A

BROADWAY+MORGAN BLVD CAMDEN, NJ

NJ Release:

Facility ID: Date Received: 2433

02/15/1994

Location: Other Facility Phone: Not reported

Date of Incident: 02/15/1994

Substance(s):

DIESEL FUEL

Substance Type: Liquid

A310 Letter: No

Hazrds Material: Yes 0408

COMU:

Amnt Released: <10 GAL Terminated

Release Type:

Injuries: No

Public Exposure: Yes

Police at Scene: Yes

Contamination of: Land

Caller: Name:

CYRUS SAXON

Address:

CAMDEN, NJ

Telephone:

609-757-7090

Responsible Party:

Name:

UnKnown

Contact: Address: Not reported Not reported

County:

Not reported

NJ Spill:

Name:

Not reported

Telephone:

Not reported Not reported

Date:

Local Municipality:

Name:

Not reported Not reported

Telephone: Date:

Not reported

Other:

Name: Not reported

Telephone: Date:

Not reported

Incident:

Not reported

Case Number:

94-2-15-2211-14

Operator:

JOYCE

Nature of Incident: Municipal

Industrial

Facility Type:

19:15

Time of Incident:

Substance Identity: Known

TCPA Chemical: No CAS Number:

Not reported

Ref. Code:

101

Release VE:

Estimate Yes

Contained:

Facility Evacuation: No

Public Evacuation: No

Firemen at Scene: Yes

Receiving Water: Not reported

Title:

CAMDEN OEM

Company: Title:

Not reported Not reported

Telephone:

Not reported

Title:

Not reported

Time:

Not reported

Municipality Title:

Not reported

Time:

Not reported Not reported

Title: Time:

S102201947

ROADWAY (Continued)

Referred To:

DRPSR

Region: Date:

Not reported **BFO-CAS** 02/15/1994

Telephone: Incident Time: Faxed, Mailed Not reported

ITM:

Name:

Incident Description:

Wind Direction/Speed:

Spill Not reported

Assistance Requested: Date A310 Letter Printed: No 02/15/1994

Date Local Authority Was Notified: Date Update:

Not reported Not reported

Date Report Faxed to Local Authority: Local Authority Notification Date 1:

Not reported

Local Authority Notification Date 2:

Not reported Not reported

Local Authority Notification Date 3: Status at Spill:

Not reported

Comments:

SPILL IN ROADWAY FROM UNK SOURCE. CLEANUP IN PROGRESS.

Not reported

NJ Spill:

2433

Facility ID: Date Received: 02/15/1994

Location: Facility Phone: Other Not reported

Date of Incident: Substance(s):

02/15/1994 **DIESEL FUEL**

Terminated

Substance Type: Liquid A310 Letter: No

Hazrds Material: Yes COMU: 0408 Amnt Released: <10 GAL

Release Type: Injuries:

No Public Exposure: Yes Police at Scene: Yes Contamination of: Land

Caller:

Name:

CYRUS SAXON CAMDEN, NJ

Address: Phone:

609-757-7090

Responsible Party:

Name: Contact:

UnKnown Not reported Not reported

Address: County: NJ Spill:

Not reported-

Name: Phone:

Not reported Not reported Not reported

Date: Local Municipality:

Name: Phone:

Not reported Not reported Not reported

Date: Other:

Name: Not reported Phone: Not reported Date: Not reported

Incident:

Name: Not reported Case Number:

94-2-15-2211-14

Operator:

JOYCE Nature of Incident: Municipal Facility Type: Industrial Time of Incident: 19:15

Substance Identity: Known

TCPA Chemical: No CAS Number: Not reported

Ref. Code: 101 Release VE: **Estimate** Contained: Yes

Facility Evacuation: No Public Evacuation: No Firemen at Scene: Yes

Receiving Water: Not reported

Title:

CAMDEN OEM

Company:

Not reported

Title:

Not reported

Phone:

Not reported

Title:

Not reported

Time:

Not reported

Title:

Not reported

Time:

Not reported

Title:

Not reported

Time:

Not reported

Referred To:

DRPSR

Spill

No 02/15/1994

Not reported

Not reported

Not reported

Not reported

Not reported

Not reported

Database(s)

EDR ID Number EPA ID Number

S102201947

ROADWAY (Continued)

Region:

BFO-CAS

Date:

02/15/1994

ITM:

Site

Incident Description:

Wind Direction/Speed:

Assistance Requested: Date A310 Letter Printed:

Date Local Authority Was Notified:

Date Update: Date Report Faxed to Local Authority: Not reported

Local Authority Notification Date 1: Local Authority Notification Date 2:

Local Authority Notification Date 3: SPILL IN ROADWAY FROM UNK SOURCE. CLEANUP IN PROGRESS.

Status at Spill: Comments:

Not reported

43294.0000

Not reported

Telephone: Incident Time: Faxed.Mailed

Not reported

NJ Spills

S103903787 N/A

AREA OF 5TH / BYRON STS CAMDEN, NJ

NJ Spill:

Facility ID: Date Received:

Location: Not reported Facility Phone: Not reported Date of Incident: Not reported Substance(s): Not reported

Substance Type: Not reported A310 Letter: Not reported Hazrds Material: Not reported 0408

COMU: Amnt Released: Not reported

Release Type: Not reported Injuries: No

Public Exposure: Not reported Police at Scene: Not reported Contamination of: Not reported

Caller:

Name: Address:

OPER 432 Not reported 609-757-7400

Phone: Responsible Party:

Name: Contact: Address:

Unknown Not reported Not reported Not reported

County: NJ Spill:

Name: Not reported Phone: Not reported Date: Not reported

Local Municipality:

Name: Phone: Not reported Not reported Not reported

Date: Other:

Name: Not reported Phone: Not reported Date: Not reported

Case Number: 99-05-19-1129-56

Operator: JIMH Nature of Incident: Not reported Facility Type: Commercial Time of Incident: Not reported

Substance Identity: Not reported TCPA Chemical: Not reported CAS Number: Not reported

Ref. Code: Release VE:

Not reported Contained: Not reported Facility Evacuation: Not reported Public Evacuation: Not reported Firemen at Scene: Not reported

002

Receiving Water: Not reported

Title:

CAMEN FD

Company: Title:

Not reported Not reported

Phone:

Not reported

Title:

Not reported

Time:

Not reported

Title:

Not reported

Time:

Not reported

Title:

Not reported

Time:

Site

Database(s)

EDR ID Number EPA ID Number

AREA OF (Continued)

S103903787

Incident:

Name: Region: Not reported Not reported

Date:

Not reported

ITM:

Not reported

Incident Description:

Wind Direction/Speed:

Assistance Requested: Date A310 Letter Printed:

Date Local Authority Was Notified:

Date Update:

Date Report Faxed to Local Authority: Local Authority Notification Date 1: Local Authority Notification Date 2:

Local Authority Notification Date 3:

Status at Spill: Comments:

Not reported Not reported Referred To: Telephone:

Not reported Not reported

Incident Time:

Not reported

Not reported Not reported

Not reported

Not reported

Not reported

No

Not reported Not reported

Not reported Not reported

SHWS

S103029738

S102222281

N/A

N/A

CONRAIL PROPERTY CHELTON AVE CAMDEN, NJ

SHWS:

Facility ID: Case Status:

NJL600189203 **ACTIVE**

Contact:

BFCM-6 Facilty Status: OPEN CEA/DER: Not reported

Case ID:

NJL600189203-001

Status Date: 04/24/1992

NJ Release

NJ Spills

MONEY OIL SERVICE 9TH / CHESNUT CAMDEN, NJ

NJ Release:

Facility ID: Date Received:

19828 12/15/1995 **Facility**

Location: Facility Phone: Date of Incident: 12/15/1995 Substance(s):

609-963-0340 OIL HEATING #2

Substance Type: Liquid A310 Letter: Yes

Hazrds Material: Yes

COMU: 0408 Amnt Released:

60 TO 70 GALS Release Type: Terminated

Injuries: No Public Exposure: No Police at Scene: No Contamination of: Land

Caller:

Name: Address:

EUGENE MONEY 958 SOUTH 8TH ST

CAMDEN, NJ

609-963-0340 Telephone: Responsible Party: Name:

Contact:

Known **EUGENE MONEY**

Case Number:

95-12-15-1619-17

Operator: Nature of Incident: Facility

JIMŞ

Facility Type: Time of Incident: Commercial 15:00

Substance Identity: Known TCPA Chemical: No

CAS Number:

Not reported ~002

Ref. Code: Release VE: Contained:

Estimate Yes

Facility Evacuation: No Public Evacuation: No Firemen at Scene: No

Receiving Water: Not reported

Title:

MONEY OIL SERVICE

Company:

MONEY OIL SERVICE

Title:

OWNER

S102222281

MONEY OIL SERVICE (Continued)

938 SOUTH 8TH ST

CAMDEN, NJ

County:

Address:

CAMDEN

NJ Spill: Name:

Not reported Telephone: Not reported Not reported

Date: Local Municipality:

Name:

CAMDEN CITY Telephone: 609-757-7400 Date: 12/15/1995

Other:

Name: Not reported

Telephone: Date:

Not reported Not reported

Incident:

FRANK GAGLIANO Name:

Region: ER2 Date: 12/15/1995

ITM:

Incident Description: Wind Direction/Speed: Spill Not reported

Assistance Requested:

No

Date A310 Letter Printed: Date Local Authority Was Notified:

Not reported Not reported Not reported Not reported

Date Update: Date Report Faxed to Local Authority:

Local Authority Notification Date 1: Not reported Local Authority Notification Date 2: Not reported Not reported

Local Authority Notification Date 3: Status at Spill:

SPILL DUE TO LEAKING PIPE ON BULK TANKER OFF LOADING OF TRUCK CLEANUP

IS BEING DONE BY MID-ATLANTIC

Comments:

Facility ID:

Date Received: 12/15/1995 Location: Facility Facility Phone:

Date of Incident: Substance(s):

OIL HEATING #2

Substance Type: Liquid A310 Letter: Yes Hazrds Material: Yes

COMU: 0408 Amnt Released:

Release Type: Injuries:

Public Exposure: No Police at Scene: No Contamination of: Land

Caller:

Name: Address: **EUGENE MONEY** 958 SOUTH 8TH ST

CAMDEN, NJ

Phone:

Responsible Party:

Telephone: Title:

609-963-0340

Not reported

Time:

Not reported

Municipality Title:

OPER 750

Time:

16:41

Title:

Not reported

Time:

Not reported

Referred To: Telephone: Incident Time: DRPSR Faxed.Office

16:24

Not reported

NJ Spill:

19828

609-963-0340 12/15/1995

60 TO 70 GALS

Terminated

No

609-963-0340

Case Number:

95-12-15-1619-17 JIMS

Operator: Nature of Incident: Facility Facility Type:

Commercial

Time of Incident:

15:00

Substance Identity: Known TCPA Chemical: No

CAS Number:

Not reported 002

Ref. Code: Release VE: Contained:

Estimate Yes

Facility Evacuation: No Public Evacuation: No Firemen at Scene: No

Receiving Water:

Not reported

Title:

MONEY OIL SERVICE

EDR ID Number EPA ID Number

MONEY OIL SERVICE (Continued)

S102222281

Name: Contact:

Site

Known

EUGENE MONEY

938 SOUTH 8TH ST

CAMDEN, NJ

County:

Address:

CAMDEN

NJ Spill:

Name: Not reported Phone: Not reported Not reported Date:

Local Municipality:

Name:

CAMDEN CITY 609-757-7400

Phone: Date:

12/15/1995

Not reported

Other:

Name: Not reported Phone: Not reported

Date: Incident:

FRANK GAGLIANO Name:

Region: Date:

ER2 12/15/1995

ITM:

Incident Description: Wind Direction/Speed:

Assistance Requested:

Date A310 Letter Printed: Date Local Authority Was Notified:

Date Update: Date Report Faxed to Local Authority:

Local Authority Notification Date 1: Local Authority Notification Date 2:

Local Authority Notification Date 3: Status at Spill:

Phone:

Company:

609-963-0340

OWNER

MONEY OIL SERVICE

Title:

Title:

Not reported

Time:

Not reported **OPER 750**

Title:

16:41

Time: Title:

Not reported

Time:

Not reported

Referred To: Telephone: Incident Time: DRPSR Faxed,Office 16:24

Spill

Not reported

No

Not reported Not reported Not reported

Not reported Not reported Not reported Not reported

SPILL DUE TO LEAKING PIPE ON BULK TANKER OFF LOADING OF TRUCK CLEANUP

IS BEING DONE BY MID-ATLANTIC

Comments:

Not reported

YASSA SONS RECYCLING CTR CHESNUT BET 6 / 7 ST CAMDEN, NJ

NJ Release:

Facility ID: Date Received: Location:

04/19/1996 Facility Not reported

5897

Facility Phone: Date of Incident: Substance(s):

04/19/1994

Substance Type:

ANTIFREEZE, OIL HYDRAULIC

OIL WASTE

Liquid

A310 Letter: Yes Hazrds Material: Yes COMU: **0408** Amnt Released: UNKNOWN

Release Type: Continuous Injuries: No Public Exposure: No Police at Scene: No Contamination of: Land

NJ Release NJ Spills

S102225467 N/A

Case Number: 96-4-19-0840-37

JIMS Operator: Nature of Incident: Citizen Facility Type: Industrial Time of Incident: Not reported

Substance Identity: Known TCPA Chemical: No Not reported

CAS Number: Ref. Code: Release VE:

101 Not reported

Contained: Nο Facility Evacuation: No Public Evacuation: No Firemen at Scene: No

Receiving Water: Not reported

EDR ID Number **EPA ID Number**

YASSA SONS RECYCLING CTR (Continued)

S102225467

Caller:

Name:

ANONYMOUS

Address:

Not reported Not reported

Telephone: Responsible Party:

Name:

Known

Contact:

Not reported **CHESNUT BET 6 & 7 ST**

Address:

CAMDEN, NJ CAMDEN

County: NJ Spill:

Name:

Not reported Telephone: Not reported Date: Not reported

Local Municipality:

Name: Telephone: **CAMDEN CITY** 609-757-7400 04/19/1996

Not reported

Not reported

Not reported

Date: Other:

Name: Telephone:

Date: Incident:

Name: Not reported Region: **BFO-CAS**

Date: ITM:

04/19/1996

Incident Description:

Wind Direction/Speed:

Assistance Requested:

Date A310 Letter Printed: Date Local Authority Was Notified:

Date Update:

Date Report Faxed to Local Authority: 04/19/1996 Local Authority Notification Date 1:

Local Authority Notification Date 2: Local Authority Notification Date 3:

Status at Spill:

Facility ID: . 5897 Date Received: Location:

Comments:

Facility Phone: Not reported Date of Incident: 04/19/1994

Substance(s):

Substance Type:

A310 Letter: Hazrds Material:

COMU:

Amnt Released:

Injuries: No Public Exposure: No Police at Scene:

Title:

CITIZEN

Company:

YASSA SONS RECYCLING Not reported

Title:

Telephone:

Not reported

Title:

Not reported

Not reported

Time:

Municipality Title: **OPER 764**

Time:

08:51

Title:

Not reported

Time:

Not reported

Referred To: Telephone: Incident Time: **DRPSR** Faxed, Mailed Not reported

Sloppy Housekeeping

Not reported Yes

04/19/1996 Not reported

Not reported

Not reported Not reported Not reported

TWO-TRUCKS LEAKING ANTIFREEZE AND LEAKING CRANE ON PROPERTY ALSO BOX CONTAINERS LEAKING FROM SCRAPED DRUMS

Not reported

04/19/1996 Facility

ANTIFREEZE, OIL HYDRAULIC

OIL WASTE Liquid Yes

Yes 0408 UNKNOWN

Release Type: Continuous Case Number: 96-4-19-0840-37

Operator: **JIMS** Nature of Incident: Citizen Facility Type: Industrial Time of Incident: Not reported

Substance Identity: Known TCPA Chemical: No

CAS Number:

Ref. Code: 101 Not reported

No

Not reported

Release VE: Contained: Facility Evacuation: No

Public Evacuation: No Firemen at Scene: No

EDR ID Number EPA ID Number

Site

YASSA SONS RECYCLING CTR (Continued)

S102225467

Contamination of: Land

Caller: Name:

ANONYMOUS

Address: Telephone: Not reported Not reported

Responsible Party:

Name:

Known

Contact: Address: Not reported CHESNUT BET 6 & 7 ST

CAMDEN, NJ

County:

CAMDEN

NJ Spill:

Name: Not reported Telephone: Not reported Date: Not reported

Local Municipality:

Name: **CAMDEN CITY** Telephone: 609-757-7400 Date: 04/19/1996

Other:

Name: Not reported Telephone: Not reported Date: Not reported

Incident:

Name: Not reported Region: **BFO-CAS** 04/19/1996

Date: ITM:

Incident Description:

Wind Direction/Speed: Assistance Requested:

Date A310 Letter Printed: \(\cdot\)

Date Local Authority Was Notified:

Date Update: Date Report Faxed to Local Authority:

Local Authority Notification Date 1: Local Authority Notification Date 2:

Local Authority Notification Date 3:

Status at Spill:

Comments:

NJ Spill:

Facility ID: Date Received:

04/19/1996 Facility Location: Facility Phone: Not reported Date of Incident: 04/19/1994

Substance(s):

ANTIFREEZE, OIL HYDRAULIC

OIL WASTE

Substance Type: Liquid A310 Letter: Yes Hazrds Material: Yes

COMU: 0408 Amnt Released:

Release Type: Injuries:

Continuous

No

UNKNOWN

Time:

Municipality Title:

Title:

Title:

Title:

Time:

Company:

Telephone:

Title:

Time:

Referred To: Telephone:

Incident Time:

Receiving Water: Not reported

YASSA SONS RECYCLING

Database(s)

Not reported

CITIZEN

Not reported

Not reported

Not reported

OPER 764

08:51

Not reported

Not reported

DRPSR Faxed, Mailed

Not reported

Not reported Not reported

TWO-TRUCKS LEAKING ANTIFREEZE AND LEAKING CRANE ON PROPERTY ALSO BOX CONTAINERS LEAKING FROM SCRAPED DRUMS

Sloppy Housekeeping

Not reported

04/19/1996

Not reported

Not reported

Not reported

04/19/1996

Yes

Not reported

5897

Case Number:

96-4-19-0840-37 **JIMS**

Operator:

Nature of Incident: Citizen Facility Type: Industrial Time of Incident: Not reported

Substance Identity: Known TCPA Chemical: No

CAS Number: Ref. Code:

Not reported 101

Release VE:

Not reported

Contained: No Facility Evacuation: No

YASSA SONS RECYCLING

EDR ID Number EPA ID Number

S102225467

YASSA SONS RECYCLING CTR (Continued)

Public Evacuation: No. Firemen at Scene: No

Title:

Phone:

Title:

Time:

Title:

Time:

Title:

Time:

Referred To:

Incident Time:

Telephone:

Receiving Water: Not reported

CITIZEN

Not reported

08:51

Caller:

Name:

Public Exposure: No

Police at Scene: No

Contamination of: Land

ANONYMOUS

Address: Phone:

Not reported Not reported

Responsible Party:

Name:

Known

Contact:

Not reported

Address:

CAMDEN, NJ

County:

NJ Spill: Name:

Phone: Not reported Date:

Local Municipality:

Name: Phone:

Not reported

Date: Other:

Not reported

Name: Phone:

Date: Incident:

Name: Not reported Region: Not reported Date:

ITM:

Not reported Incident Description:

Wind Direction/Speed: Assistance Requested:

Date A310 Letter Printed:

Date Local Authority Was Notified:

Date Update: Date Report Faxed to Local Authority:

Local Authority Notification Date 1: Local Authority Notification Date 2:

Local Authority Notification Date 3:

Status at Spill:

Company: Title:

CHESNUT BET 6 & 7 ST

CAMDEN

Not reported

Not reported

Not reported

Not reported

Not reported Not reported

Not reported

Sloppy Housekeeping

Not reported

Yes 04/19/1996 Not reported Not reported

04/19/1996 Not reported Not reported Not reported

TWO-TRUCKS LEAKING ANTIFREEZE AND LEAKING CRANE ON PROPERTY ALSO BOX CONTAINERS LEAKING FROM SCRAPED DRUMS

Not reported

CAMCORE TRANSMISSIONS CHESTNUT ST CAMDEN, NJ

Comments:

NJ Release:

Facility ID: 13934 Date Received: 08/03/1994

Location: Facility Facility Phone: UNK

Date of Incident: 08/03/1994

Substance(s): OIL TRANSMISSION

Substance Type: Liquid A310 Letter: Yes Hazrds Material: Yes

Case Number:

Operator:

94-8-3-1430-10 JOES Nature of Incident: Citizen

Facility Type: Time of Incident: Commercial

NJ Release

NJ Spills

ONGO

Substance Identity: Known TCPA Chemical: No

CAS Number:

Not reported

S102207540

N/A

EDR ID Number EPA ID Number

CAMCORE TRANSMISSIONS (Continued)

S102207540

COMU:

Site

0408

Amnt Released:

UNK

No

Intermittent

Release Type: Injuries:

Public Exposure: No Police at Scene: No

Contamination of: Land

Caller:

Name: Address:

ANONYMOUS Not reported Not reported

Responsible Party:

Name:

Telephone:

Known

Contact: Address: UNK

CHESTNUT ST

CAMDEN, NJ

County:

CAMDEN

Name:

NJ Spill:

Not reported Telephone: Not reported Date: Not reported

Local Municipality:

Name:

CAMDEN CITY 609-757-7400

Telephone: Date:

08/03/1994

Other:

Name: Telephone: Not reported Not reported Not reported

Date: Incident:

Name: Region: Not reported BFO-CAS 08/03/1994

Date: ITM:

Incident Description:

Wind Direction/Speed:

Assistance Requested:

Date A310 Letter Printed:

Date Local Authority Was Notified: Date Update:

Date Report Faxed to Local Authority:

Local Authority Notification Date 1: Local Authority Notification Date 2:

Local Authority Notification Date 3:

Status at Spill:

NJ Spill: Facility ID: 13934 Date Received: 08/03/1994

Facility Location: Facility Phone: UNK 08/03/1994 Date of Incident:

Substance(s):

Comments:

Liquid

Substance Type: A310 Letter:

Ref. Code: Release VE:

101

Contained:

Not reported No

Facility Evacuation: No Public Evacuation: No Firemen at Scene: No

Receiving Water: Not reported

Title:

CIT

CAMCORE TRANSMISSION Company:

Title:

Not reported

Telephone:

Title: Not reported

Time:

Not reported

Municipality Title:

DISP 718

UNK

Time:

14:32

Title:

Not reported

Time:

Not reported

Referred To:

DRPSR Faxed, Mailed

Telephone: Incident Time:

Not reported

Sloppy Housekeeping

Not reported Yes

Not reported

Not reported Not reported

Not reported Not reported Not reported

Not reported

TRANSMISSION SHOP HAS STAINS ON PROPERTY AND PARKS CARS LEAKING TRANS

FLUID ON STREET CAUSING SPOTS OF OIL ON ROADWAY.

Not reported

Operator:

OIL TRANSMISSION

Yes

Case Number:

JOES Naturé of Incident: Citizen

Facility Type: Time of Incident:

ONGO

94-8-3-1430-10

Commercial

Substance Identity: Known TCPA Chemical:

EDR ID Number Database(s) Site **EPA ID Number**

CAMCORE TRANSMISSIONS (Continued)

S102207540

Hazrds Material: Yes

COMU: Amnt Released:

0408

UNK Intermittent

Release Type: Injuries:

No Public Exposure: No Police at Scene: No

Contamination of: Land

Caller:

Name: Address: Phone:

ANONYMOUS Not reported Not reported

Responsible Party:

Name: Contact: Known UNK

Address: **CHESTNUT ST**

CAMDEN, NJ **CAMDEN**

County: NJ Spill:

Date:

Name: Phone: Not reported Not reported Not reported

Not reported

Local Municipality: **CAMDEN CITY**

Name: Phone:

609-757-7400 Date: 08/03/1994

Other:

Name: Not reported Phone: Not reported

Date:

Incident: Name: Not reported

Region: **BFO-CAS** 08/03/1994 Date:

ITM: Incident Description:

Wind Direction/Speed:

Assistance Requested: Date A310 Letter Printed:

Date Local Authority Was Notified: Not reported Date Update: Not reported Date Report Faxed to Local Authority: Not reported Local Authority Notification Date 1: Not reported Local Authority Notification Date 2: Not reported

Local Authority Notification Date 3: Status at Spill:

CAS Number:

Not reported -

Ref. Code: Release VE:

101 Not reported

Contained: No Facility Evacuation: No Public Evacuation: No Firemen at Scene: No

Receiving Water: Not reported

Title:

CIT

Company:

CAMCORE TRANSMISSION

Title: Not reported

Phone:

Title:

Not reported

UNK

Time:

Not reported **DISP 718**

14:32

Title:

Time:

Title:

Not reported Not reported

Time:

Sloppy Housekeeping

Not reported

Not reported

Yes

Referred To: Telephone: Incident Time:

Faxed, Mailed Not reported

DRPSR

Comments:

SOUTH JERSEY PORT CORP

CHESTNUT / FRONT STS

Not reported TRANSMISSION SHOP HAS STAINS ON PROPERTY AND PARKS CARS LEAKING TRANS FLUID ON STREET CAUSING SPOTS OF OIL ON ROADWAY.

Not reported

NJ Release NJ Spills

S102202894 N/A

CAMDEN, NJ NJ Release:

> Facility ID: Date Received:

4448 03/18/1994 Other

Location: Facility Phone: Not reported Case Number:

Operator:

94-3-18-1425-46 RICH

Nature of Incident: Municipal Facility Type:

Industrial

EDR ID Number EPA ID Number

S102202894

SOUTH JERSEY PORT CORP (Continued)

Time of Incident: 13:45

Date of Incident: 03/18/1994 **DIESEL FUEL** Substance(s):

Substance Type: Liquid A310 Letter: No Hazrds Material: Yes

COMU: 0408 Amnt Released:

30-40 GAL Release Type: Terminated

Injuries: No Public Exposure: No Police at Scene: No Contamination of: Land

Caller:

DISP 26 Name:

Address: CAMDEN, NJ 609-757-7500 Telephone:

Responsible Party:

Name: Known Contact: Not reported

CHASE CITY, VA Address: County: Not reported

NJ Spill:

Name: Not reported

Telephone: Not reported Date: Not reported

Local Municipality:

Not reported Name: Telephone: Not reported

Not reported

Date: Other:

Name: Not reported Telephone: Not reported Date: Not reported

Incident:

Name: Not reported Region: **BFO-CAS** Date: 03/18/1994

ITM:

Incident Description:

Wind Direction/Speed: Assistance Requested:

Date A310 Letter Printed: Date Local Authority Was Notified:

Date Update: Date Report Faxed to Local Authority: Not reported Local Authority Notification Date 1:

Local Authority Notification Date 2: Local Authority Notification Date 3:

Status at Spill:

Not reported

Comments:

NJ Spill:

Facility ID: 4448 Date Received: 03/18/1994 Location: Other Facility Phone: Not reported

Substance Identity: Known TCPA Chemical: No CAS Number: Not reported

Ref. Code:

Release VE: **Estimate** Contained: Yes Facility Evacuation: No Public Evacuation: No Firemen at Scene: Yes

101

Receiving Water: Not reported

Title:

CAMDEN CNTY COMM

Company:

HUSS INC Not reported

Telephone:

Not reported

Title:

Titte:

Not reported

Time:

Not reported

Municipality Title: Not reported

Time:

Not reported

Title:

Not reported

Time:

Not reported

Referred To: Telephone: Incident Time: DRPSR Faxed, Mailed Not reported

Not reported Not reported Not reported

Not reported

Not reported

Spill

No

Not reported Not reported

SPILL IN FACILITY LOT FROM TRUCK FUEL TANK, CLEANUP BY CLEAN HARBORS OF

WESTVILLE, F.D. HAZMAT STAYING WITH SPILL TIL CLEANED UP

Case Number: Operator:

94-3-18-1425-46 RICH Nature of Incident: Municipal

Facility Type:

Industrial

EDR ID Number EPA ID Number

Site

SOUTH JERSEY PORT CORP (Continued)

Time of Incident: 13:45

Substance Identity: Known

No

Date of Incident: 03/18/1994 Substance(s): **DIESEL FUEL**

Substance Type: Liquid A310 Letter: No Hazrds Material: Yes COMU: 0408

Amnt Released: 30-40 GAL Release Type: Terminated Injuries: No Public Exposure: No

Police at Scene: No Contamination of: Land

Caller:

Name: DISP 26 Address:

CAMDEN, NJ Phone: 609-757-7500

Responsible Party:

Name: Known Contact: Not reported CHASE CITY, VA Address: Not reported

County: NJ Spill:

Name: Not reported Phone: Not reported

Date: Not reported

Local Municipality:

Name: Not reported Phone: Not reported

Date: Not reported Other:

Name: Not reported Phone: Not reported Date: Not reported

Incident:

Name: Not reported Region: **BFO-CAS** 03/18/1994 Date:

ITM: Incident Description:

Wind Direction/Speed:

Assistance Requested:

Date A310 Letter Printed: Not reported Date Local Authority Was Notified: Not reported Date Update: Not reported Date Report Faxed to Local Authority: Not reported Local Authority Notification Date 1: Not reported Local Authority Notification Date 2: Not reported

Local Authority Notification Date 3: Not reported

Status at Spill: SPILL IN FACILITY LOT FROM TRUCK FUEL TANK, CLEANUP BY CLEAN HARBORS OF

WESTVILLE, F.D. HAZMAT STAYING WITH SPILL TIL CLEANED UP

Spill

No

Not reported

Not reported Comments:

S102202894

CAS Number: Not reported Ref. Code: 101

TCPA Chemical:

Release VE: **Estimate** Contained: Yes Facility Evacuation: No Public Evacuation: No Firemen at Scene: Yes

Receiving Water: Not reported

Title:

CAMDEN CNTY COMM

Company:

HUSS INC Title: Not reported

Phone:

Not reported

Title:

Not reported

Time:

Not reported

Title:

Not reported

Time:

Not reported

Title:

Not reported

Time:

Not reported

Referred To: Telephone: Incident Time:

DRPSR Faxed, Mailed Not reported

WEST OF FRONT ON CLINTON ST. CAMDEN, NJ

NJ Release NJ Spills

S102211142 N/A

NJ Spill:

Facility ID: 21161 Date Received: 12/01/1994 Location: Other Facility Phone: Not reported Date of Incident: 11/30/1994

Substance(s): OIL TRANSFORMER NON-PCB

Substance Type: Liquid A310 Letter: Yes Hazrds Material: Yes COMU: 0408 Amnt Released: **50 GALLON** Release Type: **Terminated** Injuries:

Public Exposure: No Police at Scene: No Contamination of: Land

Caller:

Name: GEORGE BOWLEY Address: 300 NEW ALBANY

MOORESTOWN, NJ

Phone: 609-778-6853

Responsible Party:

Name: Known

Contact: GEORGE BOWLEY Address: 300 NEW ALBANY

MOORESTOWN, NJ

BURLINGTON

County: NJ Spill:

Name: Not reported Phone:

Date:

Not reported Not reported

Local Municipality:

CAMDEN CITY Name: Phone: 609-757-7400 Date: 12/01/1994

Other:

Name: Not reported Phone: Not reported Date: Not reported

Incident:

Name: Not reported Region: **BFO-CAS** 12/01/1994 Date:

ITM:

Incident Description: Wind Direction/Speed: Assistance Requested:

Date A310 Letter Printed: Date Local Authority Was Notified:

Date Update: Date Report Faxed to Local Authority: 12/01/1994 Local Authority Notification Date 1:

Local Authority Notification Date 2: Local Authority Notification Date 3: Spill

Not reported No

12/01/1994 Not reported Not reported

Not reported Not reported

Not reported

Case Number: 94-12-1-1400-37 Operator: JIMH

Nature of Incident: Facility Facility Type: Commercial Time of Incident: 09:30

Substance Identity: Known TCPA Chemical: No

CAS Number: Not reported Ref. Code: 101 **Estimate** Release VE: Contained: Yes Facility Evacuation: No

Public Evacuation: No Firemen at Scene: No

Receiving Water: Not reported

PSE&G Title:

PSE&G Company: **ENV.COORDINA** Title:

Phone: Not reported

Title: Not reported

Not reported Time:

OPER 760 Title:

Time: 14:05

Title: Not reported

Time: Not reported

Referred To: DRPSR Telephone: Faxed, Mailed Incident Time: Not reported

TC465843.1p Page 71 of 193

EDR ID Number Site **EPA ID Number** Database(s)

WEST OF FRONT ON (Continued)

S102211142

Status at Spill:

LEAKING TRANSFORMER CAUSED SPILL. COMPANY DID CLEANUP

Comments:

Not reported

ON RAMP 676 COLLINGS RD CAMDEN, NJ

NJ Release NJ Spills

96-6-6-1930-08

Residential

KIM

S102227164 N/A

NJ Release:

Facility ID: 8973 Date Received: Location:

06/06/1996 Transport Not reported

Facility Phone: Date of Incident: 06/06/1996

Substance(s): Substance Type: Liquid

DIESEL FUEL

A310 Letter: Yes Hazrds Material: соми:

Yes 0408 UNKNOWN Amnt Released:

Release Type: Continuous Injuries: No Public Exposure: No Police at Scene: Yes

Contamination of: Land Caller:

Name: **TONY LINGO** Address:

FEDERAL ST CAMDEN, NJ

609-757-7680 Telephone:

Responsible Party:

Name: UnKnown Contact: Not reported Address: Not reported County: Not reported

NJ Spill:

Name: Not reported Telephone: Not reported Date: Not reported

Local Municipality:

Name: Telephone: Date:

CAMDEN CITY 609-757-7400 06/06/1996

Other:

Name: Not reported Telephone: Not reported Date: Not reported

Incident:

Name: JIM MANUEL Region: ER2 06/06/1996

Date: ITM: В

Name: Not reported Region: REG-2 Date: 06/06/1996

ITM: Incident Description: Wind Direction/Speed: Assistance Requested:

Spill,MVA Not reported Yes

Time of Incident: 19:02

Nature of Incident: Other

Case Number:

Facility Type:

Operator:

Substance Identity: Known TCPA Chemical: No

CAS Number: Not reported 002

Ref. Code: Release VE:

Not reported

Contained: No Facility Evacuation: No Public Evacuation: No Firemen at Scene: Yes Receiving Water: NONE

Title:

CITY OF CAMDEN U

Company: Title:

Not reported Not reported

Telephone:

Not reported

Title:

Not reported

Time:

Not reported

Municipality Title:

DISP 707

Time:

19:36

Title:

Not reported

Time:

Not reported

Referred To: Telephone: Incident Time:

Referred To:

Telephone:

Incident Time:

DRPSR Home, Faxed

19:37

NJDOT Faxed

ON RAMP 676 (Continued)

Site

S102227164

06/06/1996 Date A310 Letter Printed: Date Local Authority Was Notified: Not reported

Date Update: Date Report Faxed to Local Authority:

06/06/1996 Local Authority Notification Date 1: Not reported Local Authority Notification Date 2: Not reported

Local Authority Notification Date 3: Status at Spill:

SPILL DUE TO BULK FUEL TANKER INVOLVED IN A MVA. SUBSTANCE HAS NOT

ENTERED WATERWAY BUT IS HEADING IN THAT DIRECTION.

Not reported

Not reported

TONY LINGO CAN BE REACHED AT 609-757-7664. UPDATE 1958 HRS AS PER JOE Comments:

DRAIN CAMDEN CITY S.A. SPILL LESS THAN 50 GAL. FD WILL COMPLETE CLEAN

UP. DR

Facility ID: Date Received:

Location:

8973 06/06/1996 Transport Not reported

Facility Phone: 06/06/1996 Date of Incident: Substance(s): **DIESEL FUEL** Liquid

Substance Type: A310 Letter: Yes Hazrds Material: Yes COMU: 0408

Amnt Released: UNKNOWN Release Type: Continuous

Injuries: No Public Exposure: No Police at Scene: Contamination of: Land

Caller:

Name: Address:

Telephone:

TONY LINGO FEDERAL ST

CAMDEN, NJ 609-757-7680

Responsible Party:

Name: UnKnown Contact: Not reported Address: Not reported County: Not reported

NJ Spill:

Name: Not reported Telephone: Not reported Date: Not reported

Local Municipality:

CAMDEN CITY Name: Telephone: 609-757-7400 06/06/1996 Date:

Other:

Name: Not reported Telephone: Not reported Date: Not reported

Incident:

Name: JIM MANUEL ER2 Region: 06/06/1996 Date:

ITM:

Name: Not reported Case Number: 96-6-6-1930-08

Operator: **KIM** Nature of Incident: Other Facility Type: Residential Time of Incident: 19:02

Substance Identity: Known TCPA Chemical: No

CAS Number: Not reported Ref. Code: 002

Release VE: Not reported

Contained: No Facility Evacuation: No

Public Evacuation: No Firemen at Scene: Yes Receiving Water: NONE

Title:

CITY OF CAMDEN U

Company:

Not reported Title: Not reported

Telephone:

Not reported

Title:

Not reported

Time:

Not reported

Municipality Title: **DISP 707**

Time:

19:36

Title:

Not reported

Time:

Not reported

Referred To: Telephone: Incident Time: DRPSR Home, Faxed 19:37

Referred To:

NJDOT

Spill, MVA Not reported

06/06/1996 Not reported

Not reported

06/06/1996

Yes

ON RAMP 676 (Continued)

\$102227164

Region:

REG-2

Date: ITM:

06/06/1996

Incident Description: Wind Direction/Speed:

Assistance Requested: Date A310 Letter Printed:

Date Local Authority Was Notified: Date Update:

Date Report Faxed to Local Authority: Local Authority Notification Date 1:

Local Authority Notification Date 2: Local Authority Notification Date 3:

Status at Spill:

Comments:

NJ Spill:

Facility ID: Date Received: Location: Facility Phone:

Not reported Date of Incident: 06/06/1996 Substance(s): **DIESEL FUEL** Substance Type: Liquid

A310 Letter: Hazrds Material: COMU:

Amnt Released:

Release Type: Continuous Injuries: Νo Public Exposure: No Police at Scene: Yes Contamination of: Land

Caller:

Name: Address:

TONY LINGO FEDERAL ST

CAMDEN, NJ 609-757-7680

Phone:

Responsible Party:

Name: Contact: Address: UnKnown Not reported Not reported Not reported

County: NJ Spill:

Name: Not reported Phone: Not reported Not reported

Date: Local Municipality:

Name: Phone:

Not reported Not reported Not reported

Date: Other:

> Name: Phone:

Not reported Not reported Telephone:

Incident Time:

Faxed Not reported

Not reported Not reported Not reported

SPILL DUE TO BULK FUEL TANKER INVOLVED IN A MVA. SUBSTANCE HAS NOT

ENTERED WATERWAY BUT IS HEADING IN THAT DIRECTION. TONY LINGO CAN BE REACHED AT 609-757-7664. UPDATE 1958 HRS AS PER JOE

DRAIN CAMDEN CITY S.A. SPILL LESS THAN 50 GAL. FD WILL COMPLETE CLEAN

UP. DR

8973

Yes

Yes

0408

UNKNOWN

06/06/1996

Transport

Case Number:

96-6-6-1930-08

Operator: KIM Nature of Incident: Other Facility Type: Residential Time of Incident: 19:02

Substance Identity: Known TCPA Chemical:

No CAS Number: Not reported Ref. Code: 002 Release VE: Not reported

Contained: No Facility Evacuation: No Public Evacuation: No Firemen at Scene: Yes Receiving Water: NONE

Title:

CITY OF CAMDEN U

Company:

Not reported Not reported

Phone:

Title:

Not reported

Title:

Not reported

Time:

Not reported

Title:

Not reported

Time: Title:

Not reported

19:36

Spill,MVA

Yes

Not reported

06/06/1996

Not reported

Not reported

Not reported

Not reported

Not reported

06/06/1996

EDR ID Number **EPA ID Number**

Site

Database(s)

ON RAMP 676 (Continued)

S102227164

Date:

Incident:

Name: Not reported

Region: Date:

ITM:

Not reported Not reported

Not reported

Not reported

Incident Description: Wind Direction/Speed: Assistance Requested:

Date A310 Letter Printed: Date Local Authority Was Notified: Date Update:

Date Report Faxed to Local Authority: Local Authority Notification Date 1: Local Authority Notification Date 2:

Local Authority Notification Date 3: Status at Spill:

Comments:

YORKSHIP ELE SCHOOL **COLLINS / FAIRVIEW** CAMDEN, NJ

NJ Release:

Facility ID: Date Received:

Location: Other Facility Phone: 609-966-5110 Date of Incident: 10/23/1996 Substance(s): **OIL HEATING #4**

Substance Type: Liquid A310 Letter: Yes Hazrds Material: Yes

COMU: 0408 Amnt Released: UNK Release Type: Terminated

Injuries: No Public Exposure: No Police at Scene: No Contamination of: Land

Caller:

Name: Address: Telephone:

SEAN SMITH Not reported 609-661-8114

10/23/1996

Responsible Party:

Name: Contact: Known FRANK INGRAM

Address: **COLLINS & FAIRVIEW**

CAMDEN, NJ **CAMDEN**

County: NJ Spill:

> Name: Not reported Telephone: Not reported

> Date: Not reported

Local Municipality:

Time:

Not reported

Referred To: Telephone: Incident Time: Not reported Not reported

Not reported

SPILL DUE TO BULK FUEL TANKER INVOLVED IN A MVA. SUBSTANCE HAS NOT ENTERED WATERWAY BUT IS HEADING IN THAT DIRECTION.

TONY LINGO CAN BE REACHED AT 609-757-7664. UPDATE 1958 HRS AS PER JOE

DRAIN CAMDEN CITY S.A. SPILL LESS THAN 50 GAL. FD WILL COMPLETE CLEAN

UP. DR

NJ Release

S102487723. N/A

NJ Spills

17156 Case Number: 96-10-23-1727-44

> Operator: SELL Nature of Incident: Other Facility Type: Snstve Pop Time of Incident: 16:30

Substance Identity: Known TCPA Chemical: No

CAS Number: Not reported Ref. Code:

Release VE: Not reported Contained: Yes

Facility Evacuation: No Public Evacuation: No Firemen at Scene: No

Receiving Water: Not reported

Title:

E MARKO ASSOC

Company:

YORKSHIP ELE SCHOOL

SUPV Title:

Telephone: 609-966-5110

Title: Not reported

Not reported

Time:

Site Database(s)

YORKSHIP ELE SCHOOL (Continued)

S102487723

EDR ID Number

EPA ID Number

Name:

CAMDEN CITY

609-757-7400

Telephone:

10/23/1996

Date: Other:

> Name: Telephone:

Not reported Not reported Not reported

Date: Incident:

Name: Region: Date: ITM:

Not reported BFO-CAS 10/23/1996

Incident Description:

Wind Direction/Speed: Assistance Requested: Date A310 Letter Printed:

Date Local Authority Was Notified: Date Update:

Date Report Faxed to Local Authority: Local Authority Notification Date 1: Local Authority Notification Date 2:

Local Authority Notification Date 3: Status at Spill:

TMS-C94-1617

U.S.T.

No

Not reported

Comments:

NJ Spill:

Facility ID: Date Received:

10/23/1996 Location: Other Facility Phone: 609-966-5110 Date of Incident: 10/23/1996

Substance(s): Substance Type: Liquid

A310 Letter: Yes Hazrds Material: Yes COMU: 0408

Amnt Released: Release Type: Injuries: No Public Exposure: No

Police at Scene: No Contamination of: Land

Caller:

Name: Address:

SEAN SMITH Not reported 609-661-8114

Responsible Party:

Name: Contact:

Phone:

Known FRANK INGRAM

COLLINS & FAIRVIEW

Address:

CAMDEN, NJ CAMDEN

County: NJ Spill:

> Name: Not reported Phone: Not reported

Municipality Title: DISP 716

Time:

17:32

Title:

Not reported

Time:

Not reported

Referred To: Telephone: Incident Time: DRPSR Not reported Not reported

SELL

No

101

Yes

Snstve Pop

Not reported

Not reported

96-10-23-1727-44

Not reported 1-5500 GAL UST AND 1-3000 GAL UST REMOVED, CALLER WAS UNAWARE OF 3000

Case Number:

Facility Type:

TCPA Chemical:

Facility Evacuation: No

Public Evacuation: No

Firemen at Scene: No

Receiving Water: Not reported

CAS Number:

Ref. Code:

Contained:

Release VE:

Nature of Incident: Other

Time of Incident: 16:30

Substance Identity: Known

Operator:

GAL UST AT TIME OF REMOVAL.CLEANUP BEING DONE. UST 0300089

Not reported

17156

OIL HEATING #4

UNK Terminated

Title:

E MARKO ASSOC

Company:

YORKSHIP ELE SCHOOL

SUPV

Phone:

Title:

609-966-5110

Title:

EDR ID Number EPA ID Number

S102487723

Site

YORKSHIP ELE SCHOOL (Continued)

Time:

Not reported

Local Municipality:

Name:

Not reported Not reported

Not reported

Title:

Not reported

Phone: Date:

Date:

Not reported

Time:

Other:

17:32

Name: Phone: Not reported Not reported Title: Time: Not reported

Date:

Not reported Incident: Name: Not reported

Referred To:

Not reported Not reported

Region: Date: ITM:

Not reported Not reported Not reported Telephone: Incident Time: Not reported Not reported

Incident Description: Wind Direction/Speed:

No

Not reported

U.S.T.

Assistance Requested: Date A310 Letter Printed:

Not reported

Date Local Authority Was Notified:

Not reported

Date Update:

Not reported Not reported

Date Report Faxed to Local Authority: Local Authority Notification Date 1:

Not reported Not reported

Local Authority Notification Date 2: Local Authority Notification Date 3:

Not reported

Status at Spill:

1-5500 GAL UST AND 1-3000 GAL UST REMOVED, CALLER WAS UNAWARE OF 3000

GAL UST AT TIME OF REMOVAL.CLEANUP BEING DONE. UST 0300089

TMS-C94-1617

Comments:

Not reported

LENARD HICKS CORNER OF CHURCH ST CAMDEN, NJ

NJ Release NJ Spills

S102205544 N/A

NJ Release:

Facility ID:

9802

06/06/1994

Case Number:

94-6-6-2015-33

Date Received: Location: Facility Phone:

Other Not reported Operator: Nature of Incident: Facility Type:

KIM Citizen Residential

Date of Incident: Substance(s):

06/06/1994 OIL MOTOR Time of Incident: **ONGO**

Substance Identity: Known

Substance Type: A310 Letter: Hazrds Material:

Liquid Yes Yes 0408

TCPA Chemical: CAS Number:

No Not reported 101

COMU: Amnt Released:

UNKNOWN Continuous Ref. Code: Release VE:

Not reported

No

Release Type: Injuries: No Public Exposure: No

Police at Scene: No

Contamination of: Land, Water

Contained:

Facility Evacuation: No Public Evacuation: No Firemen at Scene: No

Receiving Water: UNKNOWN

Caller:

Name:

ANONYMOUS

Title:

CITIZEN

Address:

NJ

Not reported

Telephone: Not reported Responsible Party:

Name:

Known

Company:

Title:

LENARD HICKS Not reported

Contact: Address:

CORNER OF CHURCH ST

TC465843.1p Page 77 of 193

EDR ID Number EPA ID Number

S102205544

LENARD HICKS (Continued)

CAMDEN, NJ

CAMDEN CITY

County:

CAMDEN

OEM

NJ Spill:

Name:

Telephone:

609-882-2000 06/06/1994 Date:

Local Municipality:

Name: Telephone:

609-757-7400 Date: 06/06/1994

Other:

Name: Not reported Telephone: Not reported Date: Not reported

Incident:

Name: Not reported BFO-CAS Region: Date: 06/06/1994

ITM:

Incident Description:

Wind Direction/Speed: Assistance Requested:

Date A310 Letter Printed: Date Local Authority Was Notified:

Date Update:

Date Report Faxed to Local Authority: Local Authority Notification Date 1: Local Authority Notification Date 2:

Local Authority Notification Date 3:

Status at Spill:

Comments:

NJ Spill:

Facility ID: Date Received:

Location: Other Facility Phone: Not reported Date of Incident: 06/06/1994 Substance(s): OIL MOTOR

Substance Type: Liquid A310 Letter: Yes Hazrds Material: Yes

COMU: Amnt Released: Release Type:

Injuries: No Public Exposure: No Police at Scene: No

Caller:

Name:

ANONYMOUS

Address: Phone:

NJ Not reported Known

Responsible Party:

Name: Contact:

Not reported

Address:

CORNER OF CHURCH ST

Telephone:

Not reported

Title:

FAXED

Time:

Not reported

Municipality Title:

DISP 762 20:21

Time: Title:

Not reported

Time:

Not reported

Referred To: Telephone:

Case Number:

Facility Type:

Time of Incident:

TCPA Chemical:

CAS Number:

Ref. Code:

Contained:

Release VE:

Nature of Incident: Citizen

Substance Identity: Known

Facility Evacuation: No

Public Evacuation: No

Firemen at Scene: No

Receiving Water:

Operator:

DRPSR Faxed, Mailed Not reported

94-6-6-2015-33

Residential

Not reported

Not reported

KIM

ONGO

101

No

Incident Time: Illegal Dumping

Not reported

Not reported

Not reported

Not reported

Not reported

Yes 06/06/1994

Not reported Not reported SUSPECT NEIGHBOR DUMPING OIL DOWN STORM DRAIN.

Not reported

9802

06/06/1994

0408

UNKNOWN Continuous

Contamination of: Land, Water

CITIZEN

UNKNOWN

Title:

Title:

Company:

LENARD HICKS Not reported

LENARD HICKS (Continued)

S102205544

CAMDEN, NJ.

County: NJ Spill: Name:

CAMDEN

OEM 609-882-2000

Phone: Date:

06/06/1994

Local Municipality:

Name: Phone: CAMDEN CITY 609-757-7400 06/06/1994

Date: Other:

Name: Phone: Date:

Not reported Not reported Not reported

Incident:

Name: Region: Date:

Not reported **BFO-CAS** 06/06/1994 В

ITM: Incident Description:

Wind Direction/Speed: Assistance Requested: Date A310 Letter Printed:

Date Local Authority Was Notified: Date Update:

Date Report Faxed to Local Authority: Local Authority Notification Date 1:

Local Authority Notification Date 2: Local Authority Notification Date 3:

Status at Spill:

SUSPECT NEIGHBOR DUMPING OIL DOWN STORM DRAIN.

Illegal Dumping

Not reported

06/06/1994

Not reported

Not reported

Not reported

Not reported

Yes

Comments:

Not reported

RIVERFRONT PRISON DELAWARE / ELMX5924 CAMDEN, NJ

NJ Spill:

Facility ID: Date Received:

03/29/1995 Location: Facility Facility Phone: 609-225-5700 Date of Incident: 03/23/1995 Substance(s): **GASOLINE**

4425

Substance Type: Liquid A310 Letter: Yes

Hazrds Material: Yes COMU: 0408

Amnt Released: UNK

Not reported Release Type: Injuries: No

Public Exposure: No Police at Scene: No Contamination of: Land

Caller:

Name:

Phone:

MR. MCCARTHY

Address:

DELAWARE & ELMX5924

CAMDEN, NJ 609-225-5700

Phone:

Not reported

Title:

FAXED

Time:

Not reported

Title:

DISP 762

Time:

20.21

Title: Time: Not reported Not reported

Referred To: Telephone:

DRPSR Faxed, Mailed Not reported

Incident Time:

Not reported Not reported

NJ Release NJ Spills

S102214177 N/A

Operator: Nature of Incident: Facility

Case Number:

JIMH

Facility Type: Time of Incident:

Residential Not reported

95-3-29-0952-53

Substance Identity: Known TCPA Chemical: No

CAS Number:

Not reported

Ref. Code: Release VE: 101 Not reported

Contained: Unknown Facility Evacuation: No

Public Evacuation: No Firemen at Scene: No

Receiving Water: Not reported

Title:

RIVERFRONT PRISON

Site

Database(s)

EDR ID Number EPA ID Number

RIVERFRONT PRISON (Continued)

S102214177

Responsible Party:

Name:

Known

Contact:

MR. MCCARTHY

Address:

DELAWARE & ELMX5924

CAMDEN, NJ CAMDEN

County: NJ Spill:

Name: Phone: Date:

Not reported Not reported Not reported

Local Municipality:

Name: Phone: **CAMDEN CITY** 609-757-7400 03/29/1995

Date: Other:

Name: Not reported Phone: Not reported Not reported

Date:

Incident: Name: Not reported

Region: Date:

BFO-CAS 03/29/1995

ITM:

Incident Description: Wind Direction/Speed:

Assistance Requested: Date A310 Letter Printed:

Date Local Authority Was Notified: Date Update:

Date Report Faxed to Local Authority: Not reported Local Authority Notification Date 1:

Local Authority Notification Date 2: Local Authority Notification Date 3:

Status at Spill: DURING TEST OF SOIL CONTAMINATION WAS FOUND. THIS IS A 4,000 GALLON

TANK Comments: Not reported

MT EPHRAN / CRESENT CAMDEN, NJ

Substance(s):

NJ Spill:

Facility ID: 4657 Date Received: 04/03/1995 Location: Other Facility Phone: Not reported Date of Incident: 04/03/1995

Substance Type: Liquid A310 Letter: No Hazrds Material: Unknown

COMU: 0408 UNKNOWN Amnt Released: Release Type: **Terminated**

Injuries: No Public Exposure: No Police at Scene: No

Contamination of: Land, Water

Company:

RIVERFRONT PRISON

Title:

ENGINEER

Phone:

609-225-5700

Title:

Not reported

Time:

Not reported **OPER 703**

Title:

09:56

Time:

Title: Time: Not reported Not reported

Referred To:

Telephone: Incident Time:

DRPSR Faxed, Mailed Not reported

BLACKHORSE PIKE DRIVEINN

UNKNOWN LIQUID

U.S.T.

No

Not reported

Case Number: 95-4-3-0909-50 Operator: JULIE1 Nature of Incident: Municipal

Facility Type: Time of Incident:

Commercial UNK

Substance Identity: Unknown TCPA Chemical: CAS Number:

Unknown Not reported

Ref. Code: Release VE:

Not reported No

002

Contained: Facility Evacuation: No Public Evacuation: No Firemen at Scene: No

Receiving Water: UNKNOWN

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S102214287

N/A

NJ Release

NJ Spills

EDR ID Number Database(s) **EPA ID Number**

BLACKHORSE PIKE DRIVEINN (Continued)

S102214287

Site

Name:

TOM BARROW

Address: Phone:

CAMDEN, NJ 609-757-7624

Responsible Party:

Name: Contact: UnKnown Not reported

Address:

Not reported Not reported

County: NJ Spill:

Name: Phone:

Not reported 04/03/1995 Date:

OEM

Local Municipality:

Name:

Not reported Phone: Not reported Date: Not reported

Other:

Name:

Not reported Phone: Not reported Date: Not reported

Incident:

Name:

BOB WINTERBURN

Region: ER2 Date: 04/03/1995

ITM:

В Name: Not reported

Region: HQ₁ Date: 04/03/1995

ITM:

Name: Not reported Region: HQ1 Date: 04/03/1995

ITM:

Incident Description:

Wind Direction/Speed: Assistance Requested:

Date A310 Letter Printed: Date Local Authority Was Notified:

Date Update:

Date Report Faxed to Local Authority: Local Authority Notification Date 1:

Local Authority Notification Date 2: Local Authority Notification Date 3:

Status at Spill:

Comments: SITE LOCATION BLCK 715 LOT 1,18 & 19/ALT CONTACT PHONE NUMBER 757-7139

RESIDENTS AT 3016 + 3025

CAMDEN, NJ

ESSEX RD

NJ Release:

Facility ID: Date Received: Location: Other

Facility Phone: Date of Incident: 06/04/1995

Not reported

Title:

DEPT ENVIRO AFFAIR

Company: Title:

Not reported Not reported

Phone:

Not reported

Title:

FAXED

Time:

Not reported Not reported

Title: Time:

Not reported

Title:

Not reported

Time:

Not reported

Referred To: Telephone: Incident Time: **DRPSR** Office, Faxed 09:13

Referred To:

Telephone: Not reported Incident Time: Not reported

Referred To: Telephone: Incident Time:

Illegal Dumping

Not reported

Yes

DCR Faxed

Not reported

DCR

UNKNOWN HAZ-WASTE SUSPECTED OF BEING BURIED AT CLOSED SITE BEING DEMOLISHED.WETLANDS AREA POSS BEING CONTAMINATED AND BLOCK BY DEBRIS.

> **NJ Release NJ Spills**

S102216233 N/A

8352

06/04/1995

Case Number:

Operator:

YOUNG Nature of Incident: Citizen

Facility Type: Time of Incident: Residential **ONGO**

95-6-4-1350-49

RESIDENTS AT 3016 + 3025 (Continued)

S102216233

OIL MOTOR Substance(s): Substance Type: Liquid A310 Letter: Yes · Hazrds Material: Yes COMU: 0408

Amnt Released: UNKNOWN Release Type: Intermittent Injuries: No

Public Exposure: No Police at Scene: No Contamination of: Land

Caller:

ANONYMOUS Name: Address: CAMDEN, NJ Not reported Telephone:

Responsible Party:

Name: Known

Contact: Not reported 3016+2025 ESSEX Address:

CAMDEN, NJ County: **CAMDEN**

NJ Spill:

Name: Not reported Telephone: Not reported Date: Not reported

Local Municipality:

CAMDEN CITY Name: Telephone: 609-757-7400 06/04/1995

Date: Other:

Name: Not reported Telephone: Not reported Not reported

Date: Incident:

Name: Not reported **BFO-CAS** Region: Date: 06/04/1995

ITM: Incident Description: Wind Direction/Speed:

Assistance Requested: Date A310 Letter Printed: Date Local Authority Was Notified: Date Update: Date Report Faxed to Local Authority: 06/04/1995 Local Authority Notification Date 1:

Local Authority Notification Date 2: Local Authority Notification Date 3: Status at Spill: RESIDENTS AT BOTH LOCATIONS ARE DUMPING USED MOTOR OIL ONTO THE GROUND

NJ Spill: Facility ID: 8352

Facility Phone:

Not reported

Substance Identity: Known TCPA Chemical: No

CAS Number: Ref. Code:

Not reported 101

Release VE:

Not reported

Contained: Yes Facility Evacuation: No Public Evacuation: No Firemen at Scene: No Receiving Water: NONE

Title:

Title:

CITIZEN

Company:

Not reported Not reported

Telephone:

Not reported

Title:

Not reported

Time:

Not reported

Municipality Title: **DISP #70**

13:55

Time:

Title:

Not reported

Time:

Not reported

Referred To: Telephone:

DRPSR Faxed, Mailed

Incident Time:

Not reported

Comments:

ON THEIR PROPERTY WITH NO CLEANUP.

CORRECTED COPY, KMY

Illegal Dumping

Not reported

06/04/1995

Not reported

Not reported

Not reported

Not reported

Not reported

Yes

Date Received:

Location:

06/04/1995 Other

Case Number: Operator:

95-6-4-1350-49 YOUNG Nature of Incident: Citizen

Facility Type:

Residential

S102216233

EDR ID Number

EPA ID Number

RESIDENTS AT 3016 + 3025 (Continued)

Date of Incident: 06/04/1995 OIL MOTOR Substance(s): Substance Type: Liquid

A310 Letter: Yes Hazrds Material: Yes. COMU: 0408

UNKNOWN Amnt Released: Release Type: Intermittent Injuries: No

Public Exposure: No Police at Scene: No Contamination of: Land

Caller:

Phone:

Name: Address:

ANONYMOUS CAMDEN, NJ Not reported

Responsible Party:

Name: Contact:

Known Not reported

3016+2025 ESSEX CAMDEN, NJ CAMDEN

County: NJ Spill:

Address:

Name: Not reported

Phone: Not reported Not reported Date:

Local Municipality:

Name: Phone: Date:

CAMDEN CITY 609-757-7400 06/04/1995

Other:

Name: Not reported Phone: Not reported Date: Not reported

Incident: .

Name: Not reported **BFO-CAS** Region: Date: 06/04/1995

ITM:

Incident Description: Wind Direction/Speed:

Assistance Requested: Date A310 Letter Printed:

Date Local Authority Was Notified: Date Update:

Date Report Faxed to Local Authority: 06/04/1995 Local Authority Notification Date 1: Local Authority Notification Date 2:

Local Authority Notification Date 3: Status at Spill:

Comments:

CORRECTED COPY, KMY

Time of Incident: ONGO

Substance Identity: Known TCPA Chemical:

CAS Number: Ref. Code:

Not reported 101

Release VE: Contained:

Not reported

Yes Facility Evacuation: No Public Evacuation: No Firemen at Scene: No Receiving Water: NONE

Title:

CITIZEN

Company: Title:

Not reported Not reported

Phone:

Not reported Not reported

Title:

Not reported

Time: Title:

DISP #70

Time:

13:55

Title:

Not reported

Time:

Not reported

Referred To: Telephone: Incident Time: **DRPSR** Faxed, Mailed Not reported

Illegal Dumping Not reported

Not reported Not reported

06/04/1995

Yes

Not reported Not reported

Not reported

RESIDENTS AT BOTH LOCATIONS ARE DUMPING USED MOTOR OIL ONTO THE GROUND ON THEIR PROPERTY WITH NO CLEANUP.

CAMDEN RES	& RECOVERY
FAIRVIEW ST	
CAMDEN, NJ	

NJ Release S102199824 **NJ Spills** N/A

NJ Release:

Facility ID: 19886 Date Received:

11/24/1993 Location: Facility UNK Facility Phone:

Date of Incident: Substance(s):

11/24/1993 OIL HYDRAULIC

Substance Type: Liquid A310 Letter: Yes Hazrds Material: Yes COMU: 0408 Amnt Released: 10 GAL

Terminated Release Type: . Injuries: No Public Exposure: No Police at Scene: No

Contamination of: Land

Caller:

Name: Address: **CHRIS BOYLE** Not reported

609-691-0528 Telephone:

Responsible Party:

Name: Contact: Known

CHRIS BOYLE Address:

1490 SW BLVD VINELAND, NJ **CUMBERLAND**

County:

NJ Spill: Name:

Not reported Telephone: Not reported Date: Not reported

Local Municipality:

Name: Telephone: **CAMDEN CITY** 609-757-7400

Date:

11/24/1993

Other:

Name: Telephone:

Not reported Not reported

Not reported

Spill

No

Not reported

Not reported

Not reported

Not reported

Not reported:

Date: Incident:

Name: Not reported Region: **BFO-SA** 11/24/1993 Date:

ITM:

Incident Description:

Wind Direction/Speed: Assistance Requested:

Date A310 Letter Printed: Date Local Authority Was Notified:

Date Update:

Not reported Date Report Faxed to Local Authority: Not reported Not reported

Local Authority Notification Date 1: Local Authority Notification Date 2: Local Authority Notification Date 3:

Case Number: Operator:

93-11-24-1442-19

JOES Nature of Incident: Facility Facility Type: Industrial Time of Incident: 14:00

Substance Identity: Known TCPA Chemical: No

CAS Number: Not reported

Ref. Code: 101 Release VE: **Estimate** Contained: Yes Facility Evacuation: No Public Evacuation: No Firemen at Scene: No

Receiving Water: Not reported

Title:

MAR-TEE CONTRACTOR

Company:

MAR-TEE CONTRACTORS

Title: **SUPV**

Telephone: 609-691-0528

Title: Not reported

Time: Not reported

DISP 764 -Municipality Title:

Time: 14:43

Title:

Not reported

Time: Not reported

Referred To: **DRPSR** Telephone: Faxed, Mailed Incident Time: Not reported

CAMDEN RES & RECOVERY (Continued)

S102199824

Status at Spill: HYD LINE ON GARBAGE TRUCK RUPTURED LINE AT FACILITY, CLEANUP BEING

DONE.

Comments: Not reported

NJ Spill:

19886 Facility ID: Date Received: 11/24/1993 Location: **Facility** UNK Facility Phone: Date of Incident: 11/24/1993 Substance(s): OIL HYDRAULIC

Substance Type: Liquid A310 Letter: Yes Hazrds Material: Yes COMU: 0408 Amnt Released: 10 GAL

Release Type: Terminated Injuries: No Public Exposure: No Police at Scene: No Contamination of: Land

Caller:

CHRIS BOYLE Name: Address: Not reported Phone: 609-691-0528

Responsible Party:

Name: Known CHRIS BOYLE Contact: Address:

1490 SW BLVD VINELAND, NJ

County: **CUMBERLAND** NJ Spill:

Name:

Not reported Phone: Not reported Date: Not reported

Local Municipality:

CAMDEN CITY Name: Phone: 609-757-7400 11/24/1993

Date: Other:

> Name: Not reported Phone: Not reported Date: Not reported

Incident:

Name: Not reported Region: **BFO-SA** Date: 11/24/1993

ITM:

Incident Description: Spill Wind Direction/Speed: Not reported

Assistance Requested: No Date A310 Letter Printed: Not reported

Date Local Authority Was Notified: Not reported Date Update: Not reported

Date Report Faxed to Local Authority: Not reported Local Authority Notification Date 1: Not reported Local Authority Notification Date 2: Not reported Case Number:

93-11-24-1442-19 Operator: **JOES**

Nature of Incident: Facility Industrial Facility Type: Time of Incident: 14:00

Substance Identity: Known TCPA Chemical: No

CAS Number: Not reported Ref. Code: 101 Release VE: Estimate Contained: Yes

Facility Evacuation: No Public Evacuation: No Firemen at Scene: No

Receiving Water: Not reported

Title: MAR-TEE CONTRACTOR

MAR-TEE CONTRACTORS Company:

SUPV Title:

609-691-0528 Phone:

Title: Not reported

Time: Not reported

DISP 764 Title:

Time: 14:43

Title: Not reported

Time: Not reported

Referred To: DRPSR Telephone: Faxed, Mailed Incident Time: Not reported

EDR ID Number Site **EPA ID Number** Database(s)

CAMDEN RES & RECOVERY (Continued)

S102199824

Local Authority Notification Date 3:

Not reported

HYD LINE ON GARBAGE TRUCK RUPTURED LINE AT FACILITY, CLEANUP BEING Status at Spill:

DONE.

Comments: Not reported

SYLVIAS RESTAURANT FEDERAL / 5TH STS NW CAMDEN, NJ

SHWS S102875034

N/A

SHWS:

Facility ID:

NJL800166282

Case ID:

950829170915

Case Status: Contact:

ACTIVE BFO-S Status Date:

02/13/1997

Facilty Status: OPEN

CEA/DER: Not reported

CAMDEN AMPHITHEATER FOOT OF CLINTON ST CAMDEN, NJ

SHWS

S103029729

N/A

S103029741

N/A

SHWS:

Facility ID:

NJ0000048983

ACTIVE

BSCM

Facilty Status: OPEN

CEA/DER: Not reported

Case Status:

Contact:

Case ID: Status Date: NJ0000048983

11/10/1994

SHWS

DISTASIO CHEVROLET HADDON AVE CAMDEN, NJ

SHWS:

Facility ID:

NJL800226110

Not reported

Case Status: Contact:

ACTIVE _ BFO-S

Facilty Status: OPEN

CEA/DER:

Case ID:

Status Date:

960524095558 08/12/1996

ON ROADWAY 35 / HARRINGTON CAMDEN, NJ

NJ Release

S102196428 N/A

NJ Release:

Facility ID:

13091

08/03/1993

Location: Other

Facility Phone: Not reported

Date of Incident:

Date Received:

08/03/1993 OIL HYDRAULIC

Substance(s):

Substance Type: Liquid Yes

A310 Letter:

Yes

Hazrds Material: COMU:

Amnt Released:

Release Type:

0408

8 GAL

Terminated

Injuries:

Public Exposure: No

NJ Spills

Time of Incident: 19:00

Facility Type:

Case Number:

Operator:

Nature of Incident: Other Residential

DAVE

93-8-3-2007-51

Substance Identity: Known

TCPA Chemical: No

CAS Number:

Ref. Code:

Not reported 101

Release VE:

Estimate Yes

Contained: Facility Evacuation: No Public Evacuation: No

EDR ID Number EPA ID Number

S102196428

ON ROADWAY (Continued) Police at Scene: No

Contamination of: Land

Firemen at Scene: No

Receiving Water: Not reported

Caller:

Name: Address: **CHRIS BOYLE**

1001 FAIRVIEW

CAMDEN, NJ 609-541-2751

Telephone: Responsible Party:

Name:

Known

Contact: Address: **CHRIS BOYLE** 1001 FAIRVIEW

CAMDEN, NJ

County:

CAMDEN NJ Spill:

Name: Not reported Telephone: Not reported

Date:

Not reported Local Municipality:

Name: Telephone: **CAMDEN CITY** 609-757-7400

Date:

08/03/1993

Other:

Name: Telephone: Not reported Not reported

Date: Incident: Not reported

Name:

Region:

Not reported **BFO-SA**

Date: ITM:

08/03/1993

Incident Description:

Wind Direction/Speed:

Assistance Requested:

Date A310 Letter Printed:

Date Local Authority Was Notified: Date Update:

Date Report Faxed to Local Authority: Local Authority Notification Date 1:

Local Authority Notification Date 2:

Local Authority Notification Date 3:

HOSE BROKE ON TRUCK CAUSING SPILL. RP DID CLEANUP. Status at Spill:

Comments: Not reported

NJ Spill:

Facility ID:

Date Received: Location: Facility Phone:

Date of Incident:

Substance(s): **OIL HYDRAULIC**

Substance Type: Liquid A310 Letter:

Hazrds Material: COMU:

Amnt Released: 8 GAL Release Type:

Injuries:

No

Title:

OCONNOR CORP

Company:

O CONNOR CORP

Title:

SUPER

Telephone:

609-541-2751

Title:

Not reported

Time:

Not reported

Municipality Title:

DISP 764

Time:

20:11

Title:

Not reported

Time:

Not reported

Referred To:

DRPSR

Telephone: Incident Time: Not reported

Not reported

Spill

No

Not reported

13091

08/03/1993 Other

Not reported 08/03/1993

Yes

Yes 0408

Terminated

Case Number:

93-8-3-2007-51

Operator: Nature of Incident: Other

DAVE Residential

Facility Type: Time of Incident:

19:00

Substance Identity: Known TCPA Chemical: No

CAS Number: Ref. Code:

101 Estimate

Not reported

Release VE: Contained:

Yes Facility Evacuation: No

EDR ID Number **EPA ID Number**

ON ROADWAY (Continued)

Public Evacuation: No Firemen at Scene: No

Receiving Water: Not reported

Police at Scene: No Contamination of: Land

Public Exposure: No

Caller: Name:

Site

Address:

CHRIS BOYLE 1001 FAIRVIEW

CAMDEN, NJ

Phone: 609-541-2751

Responsible Party:

Name:

Known

Contact: **CHRIS BOYLE** Address:

1001 FAIRVIEW CAMDEN, NJ

CAMDEN County:

NJ Spill:

Name: Not reported

Phone: Not reported Not reported Date:

Local Municipality:

CAMDEN CITY Name:

Phone: 609-757-7400 Date: 08/03/1993

Other:

Not reported Name:

Phone: Not reported Date: Not reported

Incident:

Name: Not reported Region: **BFO-SA** 08/03/1993 Date:

ITM:

Incident Description: Wind Direction/Speed:

Not reported Assistance Requested: No Not reported

Date A310 Letter Printed: Date Local Authority Was Notified: Date Update: Date Report Faxed to Local Authority: Not reported

Local Authority Notification Date 1: Not reported Local Authority Notification Date 2: Not reported Local Authority Notification Date 3: Not reported

Not reported

Status at Spill:

HOSE BROKE ON TRUCK CAUSING SPILL. RP DID CLEANUP.

Spill

Not reported

Not reported

Comments: Not reported

BEHIND 1214 HARRISON AVE CAMDEN, NJ

NJ Release:

Facility ID: 914 Date Received: 01/20/1993 Location: Other

Facility Phone:

Date of Incident: 01/20/1993

Substance(s):

DRUMS, ABANDONED, LEAKING

Substance Type: Liquid A310 Letter: No Hazrds Material: Unknown

Case Number:

93-1-20-1230-13 **JIMS**

NJ Release

NJ Spills

Operator: Nature of Incident: Municipal Facility Type:

Rural Time of Incident: 11:00

Substance Identity: Known TCPA Chemical: CAS Number:

Unknown N/A

S102196428

Company:

O CONNOR CORP

OCONNOR CORP

Title:

Title:

SUPER

Phone:

609-541-2751

Title: -

Not reported

Time:

Not reported

Title:

DISP 764

Time:

20:11

Title:

Not reported

Time:

Not reported

Referred To: Telephone: Incident Time: DRPSR Not reported

Not reported

S102190505

N/A

EDR ID Number EPA ID Number

S102190505

BEHIND (Continued) COMU:

Ref. Code:

002

Amnt Released: Release Type:

UNKNOWN -**Terminated**

Release VE: Contained:

Not reported No

Injuries:

No Public Exposure: No

0408

Facility Evacuation: No Public Evacuation: No Firemen at Scene: No

Police at Scene: No Contamination of: Land

Receiving Water: Not reported

Caller:

Name: Address: **NANCY WILSON**

FOR CAMDEN CITY 609-757-8619

Responsible Party:

Name: Contact:

Telephone:

UnKnown Not reported

Address: Not reported Not reported County:

NJ Spill:

Not reported

Name: Telephone: Not reported Not reported

Date: Local Municipality:

Name:

Not reported

Telephone: Date:

Not reported Not reported

Other:

Name: Telephone: Not reported Not reported

Date: Incident: Not reported

Name: Region: ROB SCHRADER ER2

Date: ITM:

01/20/1993

Incident Description:

Wind Direction/Speed:

Assistance Requested:

Date A310 Letter Printed:

Date Local Authority Was Notified:

Date Update:

Date Report Faxed to Local Authority: Local Authority Notification Date 1:

Local Authority Notification Date 2: Local Authority Notification Date 3:

Status at Spill:

Comments:

Not reported

NJ Spill:

Facility ID: Date Received:

914 01/20/1993 Other

Facility Phone: Not reported Date of Incident: 01/20/1993

Substance(s):

DRUMS, ABANDONED, LEAKING

Substance Type: Liquid A310 Letter: No

Hazrds Material:

Location:

Unknown

COMU:

0408

Title:

CAMDEN CTY HD

Company:

Title:

Not reported Not reported

Telephone:

Not reported

Title:

Not reported

Time:

Not reported

Municipality Title:

Not reported

Time:

Not reported

Title:

Not reported

Time:

Not reported

Referred To:

DRPSR

Telephone: Incident Time: Office, Faxed

12:36

Abandoned Containers Not reported

No >

Not reported Not reported

Not reported Not reported

Not reported Not reported '

Not reported

15 DRUMS ABANDONED PAST SPILLAGE NOTICED

Case Number:

Facility Type:

93-1-20-1230-13

Operator:

JIMS Nature of Incident: Municipal Rural

Time of Incident:

11:00

Substance Identity: Known TCPA Chemical: CAS Number:

Unknown N/A

Ref. Code:

002

Site

Database(s)

EDR ID Number EPA ID Number

BEHIND (Continued)

Amnt Released: UNKNOWN

Release Type:

Terminated

Injuries: No Public Exposure: No Police at Scene: No

Contamination of: Land

Caller:

Name: Address:

NANCY WILSON FOR CAMDEN CITY

609-757-8619 Phone:

Responsible Party:

Name: Contact: UnKnown Not reported Not reported

Address: County:

Not reported

Not reported

NJ Spill:

Name: Not reported Phone: Not reported Date: Not reported

Local Municipality:

Name: Not reported Not reported Phone:

Date: Other:

Name: Not reported

Phone: Not reported Date: Not reported

Incident:

ROB SCHRADER Name:

ER2 Region: Date: 01/20/1993

ITM: Incident Description:

Abandoned Containers Wind Direction/Speed: Not reported

Assistance Requested:

Date A310 Letter Printed: Not reported Date Local Authority Was Notified: Not reported

Date Update: Not reported Date Report Faxed to Local Authority: Not reported Local Authority Notification Date 1: Not reported Local Authority Notification Date 2: Not reported

Local Authority Notification Date 3: Status at Spill: 15 DRUMS ABANDONED PAST SPILLAGE NOTICED

Comments: Not reported

WINSLOW SUB STATION HAY ST CAMDEN, NJ

NJ Release:

Facility ID:

Date Received: 04/22/1996 Facility Location: Facility Phone: 609-645-4902 Date of Incident: 04/22/1996

6123

Substance(s):

Substance Type: Liquid A310 Letter: Yes

OIL TRANSFORMER NON-PCB

No

Not reported

TCPA Chemical:

Case Number: Operator:

Facility Type:

96-4-22-1652-26 KIM

NJ Release

NJ Spills

Nature of Incident: Facility Industrial Time of Incident: 16:30

Substance Identity: Known No

S102190505

Title:

Release VE:

Facility Evacuation: No

Public Evacuation: No

Firemen at Scene: No

Receiving Water: Not reported

Contained:

CAMDEN CTY HD

Company:

Not reported Not reported

Not reported

No

Title: Phone:

Not reported

Title:

Not reported

Time:

Not reported

Not reported

Title:

Not reported

Time: Title:

Not reported

Time:

Not reported

Referred To: Telephone:

Incident Time:

DRPSR Office, Faxed

12:36

S102225589

N/A

EDR ID Number EPA ID Number

S102225589

WINSLOW SUB STATION (Continued)

Hazrds Material: Yes CAS Number:

COMU: 0408 UNKNOWN Amnt Released:

Release Type: Continuous Injuries: Nο

Public Exposure: No Police at Scene: Yes Contamination of: Land

Caller:

Name: JOE NAUMCHIK

Address: **BLACK HORSE PIKE** EGG HARBOR TWP, NJ

609-645-4902 Telephone:

Responsible Party:

Name: Known

Contact: JOE NAUMCHIK Address: **BLACK HORSE PIKE**

EGG HARBOR TWP, NJ

Fire

No

Not reported

04/22/1996

Not reported

Not reported

Not reported

Not reported

Not reported

04/22/1996

County: **ATLANTIC**

NJ Spill:

NJSP/OEM Name: Telephone: 609-882-2000

Date: 04/22/1996 Local Municipality:

Name: Telephone:

CAMDEN CITY 609-757-7400

Date: Other:

04/22/1996

Name:

Not reported Not reported Telephone: Not reported

Date: Incident:

Name: MAC MCCREARY

Region: ER2 04/22/1996 Date:

ITM: В

Incident Description:

Wind Direction/Speed: Assistance Requested:

Date A310 Letter Printed: Date Local Authority Was Notified:

Date Update: Date Report Faxed to Local Authority: Local Authority Notification Date 1:

Local Authority Notification Date 2: Local Authority Notification Date 3:

6123

Status at Spill: 1/8,000 GAL POWER TRANSFORMER ON FIRE. CLEANUP IS SCHEDULED.

Comments: Not reported

Facility ID:

Date Received: 04/22/1996 Location: Facility Facility Phone: 609-645-4902 Date of Incident: 04/22/1996

Substance(s): OIL TRANSFORMER NON-PCB

Substance Type: Liquid A310 Letter: Yes

Ref. Code:

Not reported

Release VE:

002 Not reported

Contained:

No Facility Evacuation: No

Public Evacuation: No Firemen at Scene: Yes Receiving Water: NONE

Title:

ALTANTIC ELECTRIC

Company:

ALTANTIC ELECTRIC

Title: SUPERINTENDE

Telephone:

Not reported

Title:

TPR NUTT

Time:

17:09

Municipality Title: **DISP #707**

Time:

17:13,

Title:

Not reported

Time:

Not reported

Referred To: Telephone:

DRPSR Paged, Faxed

Incident-Time:

17:03

Case Number: Operator:

96-4-22-1652-26 KIM

Nature of Incident: Facility Facility Type: Time of Incident:

Industrial 16:30

Substance Identity: Known

TCPA Chemical: No

S102225589

WINSLOW SUB STATION (Continued)

0408

No

UNKNOWN

Continuous

Hazrds Material: Yes

Public Exposure: No

Police at Scene: Yes

Contamination of: Land

Amnt Released:

Release Type: Injuries:

CAS Number:

Not reported

Ref. Code:

002

Release VE:

Not reported

Contained:

No

Facility Evacuation: No Public Evacuation: No

Firemen at Scene: Yes

Receiving Water: NONE

Caller:

COMU:

Name: Address: JOE NAUMCHIK

BLACK HORSE PIKE

EGG HARBOR TWP, NJ 609-645-4902

Telephone:

Responsible Party:

Name: Known

Contact: JOE NAUMCHIK

Address: **BLACK HORSE PIKE**

EGG HARBOR TWP, NJ

County:

ATLANTIC

NJ Spill:

Name: NJSP/OEM Telephone: 609-882-2000

Date:

04/22/1996

Local Municipality:

Name: CAMDEN CITY

Telephone: 609-757-7400 04/22/1996

Date: Other:

Name: Not reported

Telephone: Not reported Not reported

Date: Incident:

Name: MAC MCCREARY

Region: ER2 Date: 04/22/1996

ITM:

Incident Description:

Wind Direction/Speed: Not reported

Fire

Not reported

Not reported

Not reported

Not reported

04/22/1996

Assistance Requested:

No Date A310 Letter Printed: 04/22/1996 Not reported

Date Local Authority Was Notified: Date Update:

Date Report Faxed to Local Authority:

Local Authority Notification Date 1: Local Authority Notification Date 2:

Local Authority Notification Date 3:

1/8,000 GAL POWER TRANSFORMER ON FIRE. CLEANUP IS SCHEDULED. Status at Spill: Comments:

NJ Spill:

Not reported

Facility ID:

Location:

Date Received: 04/22/1996 Facility

Facility Phone: 609-645-4902 Date of Incident: 04/22/1996

Substance(s): Substance Type: Liquid

OIL TRANSFORMER NON-PCB

6123

Title:

ALTANTIC ELECTRIC

Company:

ALTANTIC ELECTRIC

Title: SUPERINTENDE

Telephone:

Not reported

Title:

TPR NUTT

Time:

17:09

Municipality Title:

DISP #707

Time:

17:13

Title:

Not reported

Time:

Not reported

Referred To: Telephone:

DRPSR Paged, Faxed

Incident Time:

17:03

Case Number:

Operator:

96-4-22-1652-26 KIM

Nature of Incident: Facility Facility Type: Industrial

Time of Incident: 16:30

Substance Identity: Known

S102225589

WINSLOW SUB STATION (Continued)

A310 Letter:

COMU:

Yes

Hazrds Material: Yes 0408

UNKNOWN

Continuous

Amnt Released:

Release Type:

Injuries: No Public Exposure: No Police at Scene: Yes Contamination of: Land

Caller:

Name: Address: JOE NAUMCHIK

BLACK HORSE PIKE EGG HARBOR TWP, NJ

609-645-4902

Phone: Responsible Party:

Name:

Known Contact:

Address:

JOE NAUMCHIK **BLACK HORSE PIKE**

EGG HARBOR TWP, NJ

County:

ATLANTIC

NJ Spill:

Name: NJSP/OEM Phone: 609-882-2000 04/22/1996 Date:

Local Municipality:

Name: Phone: Not reported Not reported Not reported

Date: Other:

Name: Not reported Phone: Not reported

Date:

Not reported

Incident:

Name: Not reported Region: Not reported Date: Not reported

ITM: Not reported

Incident Description:

Wind Direction/Speed: Assistance Requested:

Date A310 Letter Printed: Date Local Authority Was Notified:

Date Update:

Local Authority Notification Date 2:

Local Authority Notification Date 3: Status at Spill: Comments:

Not reported

TCPA Chemical: No

CAS Number:

Not reported

Ref. Code:

002

Release VE: Contained:

Not reported No

Facility Evacuation: No

Public Evacuation: No Firemen at Scene: Yes Receiving Water: NONE

Title:

ALTANTIC ELECTRIC

Company: Title:

ALTANTIC ELECTRIC

SUPERINTENDE

Phone:

Title:

TPR NUTT

Not reported

Time:

17:09

Title:

Not reported

Time:

17:13

Titlé:

Not reported

Time:

Not reported

Referred To: Telephone: Incident Time: Not reported Not reported ? Not reported

04/22/1996 Date Report Faxed to Local Authority: Local Authority Notification Date 1: Not reported

Not reported Not reported

Fire

No

Not reported

04/22/1996

Not reported

Not reported

1/8,000 GAL POWER TRANSFORMER ON FIRE. CLEANUP IS SCHEDULED.

NJ TURNPIKE AUTHORITY INTERCHANGE 4 TOLL PLZA CAMDEN, NJ

SHWS

S103033108 N/A

EDR ID Number Database(s) **EPA ID Number**

Site,

NJ TURNPIKE AUTHORITY (Continued)

S103033108

SHWS:

Facility ID:

NJL800245813 NFA

Case Status: Contact:

BFO-IN

Facilty Status: CEA/DER:

CLOSED

Not reported

Case ID:

0131744

Status Date:

10/16/1996

DELAWARE #1 WPCF 2ND / JACKSON ST CAMDEN, NJ

NJ Release NJ Spills

S102488062 N/A

NJ Release:

Facility ID: 17834

Date Received:

11/05/1996 Location: Facility

Facility Phone:

Not reported 11/05/1996

Date of Incident: Substance(s):

DIESEL

GASOLINE

Substance Type: Liquid A310 Letter:

Yes Yes

Hazrds Material: COMU:

0408

Amnt Released:

UNKNOWN Terminated

Release Type: Injuries:

No

Public Exposure: No Police at Scene: No

Contamination of: Land

Caller:

Name:

KIRT MARTIN

Address:

907 PLEASANT VALLEY

MOUNT LAURAL, NJ

Telephone: 609-722-6700

Responsible Party:

Name: Contact: Known

Address:

Not reported

1645 FERRY AVE CAMDEN, NJ

County:

CAMDEN

NJ Spill:

Name: Not reported Telephone: Not reported

Date:

Not reported

Local Municipality:

Name:

CAMDEN CITY

Telephone: Date:

609-757-7400 11/05/1996

Other: Name:

Not reported Not reported

Telephone: Date:

Not reported

Incident:

Name:

Not reported

Region: Date:

BFO-CAS 11/05/1996

ITM:

Incident Description:

Case Number:

96-11-5-1604-29 ROB

Operator: Nature of Incident: Other

Commercial

Facility Type: Time of Incident:

13:00

Substance Identity: Known

TCPA Chemical: No

Not reported

CAS Number: Ref. Code:

101

Release VE:

Not reported Yes

Contained:

Facility Evacuation: No

Public Evacuation: No Firemen at Scene: No

Receiving Water: Not reported

Title:

JAMES C ANDERSON

Company:

Title:

CAMDEN MUA Not reported

Telephone:

609-541-3700

Title:

Not reported

Time:

Not reported

Municipality Title:

OPR. #707 16:08

Time: Title:

Not reported

Time:

Not reported

Referred To: Telephone:

DRPSR Not reported

Incident Time:

Not reported

Soil Contamination

DELAWARE #1 WPCF (Continued)

S102488062

Not reported Wind Direction/Speed: Assistance Requested: No Date A310 Letter Printed: Not reported Date Local Authority Was Notified: Not reported Date Update: Not reported Not reported Date Report Faxed to Local Authority: Local Authority Notification Date 1: Not reported Not reported Local Authority Notification Date 2:

Local Authority Notification Date 3: Status at Spill:

Not reported SOIL CONTAMINATION FOUND AROUND FUEL PUMP ISLAND. CLEANUP IN PROGRESS

BY CONTRACTOR.

Comments:

Not reported

NJ Spill:

Facility ID: 17834 11/05/1996 Date Received:

Location: Facility Facility Phone: Not reported 11/05/1996 Date of Incident: Substance(s): DIESEL

GASOLINE

Substance Type: Liquid

A310 Letter: Yes Hazrds Material: Yes COMU: 0408

UNKNOWN Amnt Released: Release Type: Terminated

Injuries: No Public Exposure: No Police at Scene: No Contamination of: Land

Caller:

Name: KIRT MARTIN

Addrèss: 907 PLEASANT VALLEY

MOUNT LAURAL, NJ

Phone: 609-722-6700

Responsible Party:

Name: Known Contact: Not reported Address: 1645 FERRY AVE

CAMDEN, NJ

County: CAMDEN

NJ Spill:

Name: Not reported Phone: Not reported

Not reported Date:

Local Municipality:

Name: Not reported Phone:

Not reported Date: Not reported

Other:

Name: Not reported Phone: Not reported Date: Not reported

Incident:

Name: Not reported Region: Not reported Case Number:

96-11-5-1604-29 ROB Operator:

Other Nature of Incident: Facility Type: Commercial

Time of Incident:

13:00

Substance Identity: Known

TCPA Chemical: No

CAS Number: Not reported 101

Ref. Code: Release VE:

Not reported

Contained: Yes Facility Evacuation: No Public Evacuation: No Firemen at Scene: No

Receiving Water: Not reported

Title:

JAMES C ANDERSON

Company: Title:

CAMDEN MUA Not reported

609-541-3700

Phone: Title:

Not reported

Time:

Not reported

Title:

Not reported

Time:

16:08

Title:

Not reported

Time:

Not reported

Referred To: Telephone:

Not reported Not reported Site

Database(s)

Not reported

EDR ID Number EPA ID Number

DELAWARE #1 WPCF (Continued)

S102488062

Date:

Not reported.

ITM: Not reported

•

n leu

Incident Description:
Wind Direction/Speed:

Not reported

Assistance Requested: Date A310 Letter Printed: No Not r

Date Local Authority Was Notified:

Not reported Not reported

Soil Contamination

Date Update:

Not reported Not reported

Date Report Faxed to Local Authority: Local Authority Notification Date 1:

Not reported Not reported

Local Authority Notification Date 2: Local Authority Notification Date 3:

Not reported Not reported

Status at Spill:

ntification Date 3: Not reported
SOIL CONTAMINATION FOUND AROUND FUEL PUMP ISLAND. CLEANUP IN PROGRESS

BY CONTRACTOR.

Comments:

Not reported

WEST OF RT#130 ON KAIGHN AVE CAMDEN, NJ NJ Release NJ Spills S102194759 N/A

NJ Release:

Facility ID: Date Received:

Location:

9557

06/09/1993

Other

Not reported

Facility Phone:
Date of Incident:
Substance(s):

06/09/1993 OIL TRANSFORMER NON-PCB

Substance Type: Liquid A310 Letter: Yes

Hazrds Material: Yes COMU: 0408

Amnt Released: 1 PT Release Type: Term

Release Type: Terminated Injuries: No

Public Exposure: No
Police at Scene: No
Contamination of: Land

Caller:

Name: Address: GARY WATSON

300 NEW ALBANY RD MOORESTOWN, NJ

Telephone:

609-778-6721

Responsible Party:

Name:

Known

Contact: Address: GARY WATSON 300 NEW ALBANY RD

MOORESTOWN, NJ

County:

BURLINGTON

NJ Spill:

Name: Telephone: Not reported Not reported Not reported

Local Municipality:

Name: Telephone:

Date:

CAMDEN CITY 609-757-7400

Date:

06/09/1993

Other:

Name: Not reported

no opino

93-6-9-2213-36

Case Number:

Incident Time:

Operator: JOYCE
Nature of Incident: Facility
Facility Type: Commercial

Time of Incident: 21:17

Substance Identity: Known

TCPA Chemical: No CAS Number: Not reported

Ref. Code: Release VE: Contained:

Facility Evacuation: No Public Evacuation: No Firemen at Scene: No

Receiving Water: Not reported

Title:

PSE&G

101

Estimate

!

Telephone:

Company:

PSE&G

OPR.SUPV.

609-778-6721

Title:

Title:

Not reported

Time:

Not reported DISP #750

Municipality Title:

22:17

Time:

EDR ID Number EPA ID Number

S102194759

WEST OF RT#130 ON (Continued)

Telephone:

Not reported Not reported

Date:

Incident: Name:

Region:

Not reported BFO-SA 06/09/1993

Date: ITM:

Incident Description: Wind Direction/Speed: Assistance Requested:

Date A310 Letter Printed: Date Local Authority Was Notified:

Date Update: Date Report Faxed to Local Authority:

Local Authority Notification Date 1: Local Authority Notification Date 2:

Local Authority Notification Date 3: Status at Spill:

Comments:

Not reported

Not reported

NJ Spill:

Facility ID: 9557 Date Received: 06/09/1993 Other

Location: Facility Phone: Date of Incident:

06/09/1993 Substance(s): OIL TRANSFORMER NON-PCB

Substance Type: Liquid A310 Letter: Yes

Hazrds Material: Yes COMU: 0408 1 PT Amnt Released:

Release Type: **Terminated** Injuries:

No Public Exposure: No Police at Scene: No Contamination of: Land

Caller:

Name: Address:

GARY WATSON 300 NEW ALBANY RD

MOORESTOWN, NJ 609-778-6721

Phone:

Responsible Party:

Name: Contact: Known **GARY WATSON**

Address: 300 NEW ALBANY RD MOORESTOWN, NJ

County:

BURLINGTON

NJ Spill:

Name: Not reported Phone: Not reported

Date: Not reported Local Municipality:

Name: Phone:

609-757-7400 06/09/1993

Date: Other:

CAMDEN CITY

Time:

Not reported

Referred To: Telephone: Incident Time:

Time:

DRPSR Faxed, Mailed Not reported

Not reported SPILL ON CONCRETE FROM TRANSFORMER. CLEANUP/REPAIR CREW ENROUTE.

Spill

No

Not reported

Case Number:

93-6-9-2213-36 Operator: JOYCE Nature of Incident: Facility Commercial Facility Type:

Time of incident: 21:17

Substance Identity: Known TCPA Chemical: No

CAS Number: Not reported Ref. Code: 101 Release VE: Estimate Contained: Yes

Facility Evacuation: No Public Evacuation: No Firemen at Scene: No

Company:

Title:

Phone:

Title:

Time:

Title:

Receiving Water: Not reported

Title:

PSE&G

PSE&G

OPR.SUPV.

609-778-6721

Not reported

Not reported

DISP #750

22:17

EDR ID Number EPA ID Number

WEST OF RT#130 ON (Continued)

Title:

S102194759

Name: Phone:

Not reported Not reported

Not reported

Date:

Not reported

Time:

Not reported

Incident: Name:

Region:

Not reported **BFO-SA** 06/09/1993

Referred To: Telephone: Incident Time: DRPSR Faxed, Mailed Not reported

Date: ITM:

Incident Description:

Spill

Wind Direction/Speed:

Not reported

Assistance Requested: Date A310 Letter Printed: No

Date Local Authority Was Notified: Date Update:

Not reported Not reported Not reported

Date Report Faxed to Local Authority: Not reported Local Authority Notification Date 1:

Not reported

Local Authority Notification Date 2: Local Authority Notification Date 3: Not reported Not reported

Status at Spill:

SPILL ON CONCRETE FROM TRANSFORMER. CLEANUP/REPAIR CREW ENROUTE.

Comments:

Not reported

AREA OF **KEAN / MAURICE STS** CAMDEN, NJ

NJ Release NJ Spills

S102220624 N/A

NJ Release:

Facility ID:

16735

10/19/1995 Date Received: Location: Other

Facility Phone:

Not reported

10/19/1995 Date of Incident: Substance(s):

GASOLINE Substance Type: Liquid A310 Letter: No

Hazrds Material: Yes 0408 COMU:

Amnt Released: 10 GAL

Release Type: Terminated Injuries: No Public Exposure: No Police at Scene: Yes Contamination of: Land

Caller:

Name:

OPER 11

Address: Telephone: FOR CAMDEN 609-783-4808

Responsible Party:

Name: Contact:

UnKnown Not reported Not reported

Not reported

Address: County:

NJ Spill: Name: Not reported Telephone: Not reported

Date: Not reported Local Municipality:

Name: Telephone:

Not reported Not reported Case Number:

95-10-19-1305-13

JIMH Operator: Nature of Incident: Municipal Facility Type: Commercial

Time of Incident: 11:47

Substance Identity: Known TCPA Chemical: No

CAS Number: Not reported

Ref. Code: 101 Release VE: **Estimate** Contained: Yes Facility Evacuation: No Public Evacuation: No

Firemen at Scene: No

Receiving Water: Not reported

Title:

Title:

CAMDEN CNTY COMM

Company:

Not reported Not reported

Telephone:

Not reported

Title:

Not reported

Time:

Not reported

Municipality Title:

Spill, MVA

No

Not reported

Not reported

Not reported Not reported

Not reported

Not reported

Not reported

Not reported

AREA OF (Continued)

S102220624

Date:

Other:

Name:

Telephone: Date:

Incident:

Name: Region: Date:

Not reported **BFO-CAS** 10/19/1995

Not reported

Not reported

Not reported

Not reported

ITM: Incident Description:

Wind Direction/Speed: Assistance Requested:

Date A310 Letter Printed: Date Local Authority Was Notified:

Date Update: Date Report Faxed to Local Authority: Local Authority Notification Date 1:

Local Authority Notification Date 2: Local Authority Notification Date 3:

Status at Spill: Comments:

SPILLAGE DUE TO MVA. CLEANUP HAS BEEN DONE

10/19/1995

Not reported

No

16735

NJ Spill: Facility ID:

Date Received:

Other Location: Facility Phone: Not reported Date of Incident: 10/19/1995 Substance(s): **GASOLINE** Substance Type: Liquid

A310 Letter: Hazrds Material: Yes COMU:

0408 Amnt Released: 10 GAL Release Type: Terminated

Injuries: No Public Exposure: No Police at Scene: Yes Contamination of: Land

Caller:

Name: Address:

OPER 11 FOR CAMDEN

Phone:

609-783-4808

Responsible Party: Name:

UnKnown Contact: Not reported Address: Not reported County: Not reported

NJ Spill: Name:

Not reported Phone: Not reported Date: Not reported

Local Municipality:

Name: Not reported Phone: Not reported Date: Not reported Time:

Not reported

Title:

Not reported

Time:

Not reported

Referred To: Telephone: Incident Time: DRPSR Faxed, Mailed Not reported

Case Number: 95-10-19-1305-13 Operator: JIMH Nature of Incident: Municipal Facility Type: Commercial

Time of Incident:

11:47

Substance Identity: Known TCPA Chemical: No CAS Number: Not reported

Ref. Code: Release VE:

101 **Estimate** Yes

Contained: Facility Evacuation: No Public Evacuation: No Firemen at Scene: No Not reported

Receiving Water:

Title:

CAMDEN CNTY COMM

Company:

Not reported Not reported

Title: Phone:

Not reported

Title:

Not reported

Time:

Not reported

Title:

Not reported

Time:

EDR ID Number EPA ID Number

S102220624

Site

AREA OF (Continued)

Other:

Title:

Not reported

Phone: Date:

Name:

Not reported Not reported Not reported

Time:

Not reported

Incident:

Name: Region: Not reported **BFO-CAS**

Referred To: Telephone: Incident Time: DRPSR Faxed, Mailed Not reported

Date: ITM:

10/19/1995

Incident Description: Wind Direction/Speed:

Spill,MVA Not reported

Assistance Requested:

No

Date A310 Letter Printed: Date Local Authority Was Notified: Not reported Not reported Not reported

Date Update: Date Report Faxed to Local Authority: Not reported Local Authority Notification Date 1:

Not reported

Local Authority Notification Date 2: Local Authority Notification Date 3:

Not reported Not reported

Status at Spill:

SPILLAGE DUE TO MVA. CLEANUP HAS BEEN DONE

Comments:

Not reported

PENICOSTIAL CHURCH 5TH / LINE STS CAMDEN, NJ

NJ Release **NJ Spills**

S102202704 N/A

NJ Release:

Facility ID: Date Received:

4074

03/13/1994

Location: Facility Phone: Other Not reported

Date of Incident: 03/13/1994 Substance(s): Substance Type: Liquid

OIL FUEL #2

A310 Letter: Hazrds Material:

Yes Yes

COMU: Amnt Released:

0408 **UNKNOWN**

Release Type: Continuous Injuries: No

Public Exposure: Yes Police at Scene: No Contamination of: Land.Water

Caller:

Name: Address: JAY COLON 445 LINE ST

CAMDEN, NJ 609-541-7794

Telephone: Responsible Party:

Name: Contact: Known Not reported

Address:

5TH & LINE STS

CAMDEN, NJ **CAMDEN**

County: NJ Spill:

Name:

OEM Not reported

Telephone: Date:

03/13/1994

Case Number: 94-3-13-1433-09

ROGER Operator: Nature of Incident: Citizen Facility Type: Residential Time of Incident: **ONGO**

Substance Identity: Suspected

TCPA Chemical: No

CAS Number: Not reported 002

Ref. Code: Release VE:

Not reported

Contained: No

Facility Evacuation: No Public Evacuation: No Firemen at Scene: No

Receiving Water:

UNKNOWN

Title:

CITIZEN

Company:

PENICOSTIAL CHURCH

Title:

Not reported

Telephone:

Not reported

Title:

FAXED

Time:

PENICOSTIAL CHURCH (Continued)

S102202704

Local Municipality:

Name:

CAMDEN CITY

Telephone:

609-757-7400

03/13/1994

Not reported

F.GAGLIANO

Date: Other:

Name: Telephone: Not reported Not reported

Date: Incident:

Name: Region:

ER2 03/13/1994

Date: ITM:

Incident Description:

Wind Direction/Speed: Assistance Requested:

Date A310 Letter Printed: Date Local Authority Was Notified:

Date Update:

Date Report Faxed to Local Authority: Local Authority Notification Date 1: Local Authority Notification Date 2:

Local Authority Notification Date 3: Status at Spill:

4074

Comments:

NJ Spill:

Facility ID: Date Received:

03/13/1994 Location: Other Facility Phone: Not reported Date of Incident: 03/13/1994 OIL FUEL #2

Substance(s): Substance Type: Liquid

A310 Letter: Yes Hazrds Material: Yes COMU: 0408

Amnt Released: UNKNOWN Continuous

Release Type: Injuries: Public Exposure: Yes Police at Scene: No

Contamination of: Land.Water

Caller:

Name: Address:

JAY COLON 445 LINE ST CAMDEN, NJ

609-541-7794

Phone: Responsible Party:

Name:

Known

Contact: Address: Not reported **5TH & LINE STS**

CAMDEN, NJ CAMDEN

County: NJ Spill:

Name:

OEM

Municipality Title: OPR 770

Time:

14:38

Title:

Not reported

Time:

Not reported

Referred To: Telephone:

DRPSR Home, Faxed

Incident Time:

14:35

03/13/1994 Not reported

Illegal Dumping

Not reported

Yes

Not reported 03/13/1994

Not reported Not reported

Not reported

REPORTED PRODUCT IS RUNNING INTO STREET FOR A BLOCK BEFORE ENTERING

STORM DRAIN.

Not reported

Case Number:

94-3-13-1433-09

Operator: ROGER Nature of Incident: Citizen Facility Type:

Residential **ONGO**

Time of Incident:

Substance Identity: Suspected TCPA Chemical: No

CAS Number: Ref. Code:

Not reported 002

Release VE:

Not reported

Contained: No Facility Evacuation: No Public Evacuation: No Firemen at Scene: No

Receiving Water:

Title:

CITIZEN

UNKNOWN

PENICOSTIAL CHURCH

Title:

Not reported

Phone:

Company:

Not reported

Title:

FAXED

EDR ID Number EPA ID Number

PENICOSTIAL CHURCH (Continued)

S102202704

Phone:

Site

Not reported

Date:

03/13/1994

Time:

Not reported

Local Municipality:

Name:

CAMDEN CITY 609-757-7400

Title:

OPR 770

Phone: Date:

03/13/1994

Time:

14:38

Other:

Name: Phone: Not reported

Title:

Not reported

Date:

Not reported Not reported

Time:

Not reported

Incident: Name:

Region:

F.GAGLIANO ER2

Referred To: Telephone:

DRPSR Home, Faxed

Date: ITM:

03/13/1994

Incident Time:

14:35 -

Incident Description: Wind Direction/Speed:

Not reported

Assistance Requested:

Yes 03/13/1994

Date A310 Letter Printed: Date Local Authority Was Notified:

Not reported

Illegal Dumping

Date Update:

Not reported 03/13/1994

Date Report Faxed to Local Authority: Local Authority Notification Date 1: Local Authority Notification Date 2:

Not reported Not reported Not reported

Local Authority Notification Date 3: Status at Spill:

REPORTED PRODUCT IS RUNNING INTO STREET FOR A BLOCK BEFORE ENTERING

STORM DRAIN.

Comments:

Not reported

NJ ECONOMIC DEVELOPMENT AUTH MARKET ST CAMDEN, NJ

NJ Release NJ Spills

S102191898 N/A

NJ Release:

Facility ID:

3821 03/15/1993 Case Number:

93-3-15-1807-18

Date Received: Location:

Facility

Operator:

JOYCE

Not reported

Nature of Incident: Facility Type:

Other

Facility Phone: Date of Incident:

03/12/1993

Commercial

Substance(s):

Time of Incident:

UNK

Substance Type:

SOIL CONTAMINATED W/HYDROCARBONS Solid

Substance Identity: Known

A310 Letter: Hazrds Material:

Yes Yes TCPA Chemical: CAS Number:

No Not reported

COMU:

0408 UNK Ref. Code:

101

Amnt Released: Release Type:

Continuous

Release VE: Contained:

Not reported No

Injuries: No Public Exposure: No Police at Scene: No Facility Evacuation: No Public Evacuation: No

Firemen at Scene: No

Contamination of: Land

Receiving Water:

Not reported

Caller:

Name: Address:

MIKE COLLINS

200 S WARREN ST

Title:

NJ ECONOMIC DEV AU

TRENTON, NJ Telephone: 609-292-1800

Responsible Party:

Known

Company:

NJEDA

Name:

Contact:

MIKE COLLINS

Title:

ADMIN.

Site Database(s)

NJ ECONOMIC DEVELOPMENT AUTH (Continued)

S102191898

EDR ID Number

EPA ID Number

Address:

200 S WARREN ST

TRENTON, NJ

County:

MERCER

NJ Spill: Name:

Not reported

Telephone:

Not reported

Date:

Not reported

Local Municipality: Name:

Telephone: Date:

CAMDEN CITY 609-757-7400 03/15/1993

Other:

Name: Not reported Telephone: Not reported Not reported

Date: Incident:

Name:

JERRY O'DONNELL

Region: **BFO-SA** Date: 03/15/1993

ITM:

Incident Description: Wind Direction/Speed:

Assistance Requested:

Date A310 Letter Printed:

Date Local Authority Was Notified: Date Update:

Date Report Faxed to Local Authority: Not reported Local Authority Notification Date 1:

Local Authority Notification Date 2: Local Authority Notification Date 3:

Status at Spill: Comments:

NJ Spill: Facility ID: 3821

03/15/1993

Continuous

Yes

Date Received: ` Location: Facility Phone:

Facility Not reported Date of Incident: 03/12/1993

Substance(s): Substance Type: Solid

A310 Letter: Hazrds Material:

Yes COMU: 0408 UNK

Amnt Released: Release Type:

Injuries: No Public Exposure: No Police at Scene: No Contamination of: Land

Caller:

Name: Address: MIKE COLLINS 200 S WARREN ST

TRENTON, NJ. 609-292-1800

Phone: Responsible Party:

Name:

Known

Telephone:

Title: Not reported

Time:

Not reported

609-292-1800

Municipality Title: **DISP #754**

Time:

18:12

Title:

Not reported

Time:

Not reported

Referred To: Telephone:

DRPSR Faxed, Mailed

Incident Time:

Not reported

Not reported

Not reported

L.U.S.T.

Not reported

Not reported

Not reported

Not reported

Not reported

CONTAMINATED SOIL FROM NON-REGULATED LUST.

INCIDENT THE RESULT OF MOA APPLICATION RECEIVED BY SA MIKE DIGIORO. JS

Operator:

Nature of Incident: Other Facility Type: Commercial Time of Incident: UNK

SOIL CONTAMINATED W/HYDROCARBONS

Case Number:

Substance Identity: Known

TCPA Chemical: Nο

CAS Number: Not reported 101

Ref. Code: Release VE:

Not reported

Not reported

93-3-15-1807-18

JOYCE

Contained: No Facility Evacuation: No Public Evacuation: No Firemen at Scene: No

Receiving Water:

Title:

NJ ECONOMIC DEV AU

Company:

NJEDA

EDR ID Number Database(s) **EPA ID Number** Site

NJ ECONOMIC DEVELOPMENT AUTH (Continued)

S102191898

Contact:

MIKE COLLINS

Address:

200 S WARREN ST

TRENTON, NJ

County:

MERCER

NJ Spill: Name: Phone:

Not reported Not reported Not reported

Local Municipality:

Name: Phone:

Date:

CAMDEN CITY 609-757-7400 03/15/1993

Date: Other:

Name:

Not reported Phone: Not reported Date: Not reported

Incident:

Name:

JERRY O'DONNELL

Region: **BFO-SA** 03/15/1993 Date:

ITM:

Incident Description: Wind Direction/Speed:

Assistance Requested:

Date A310 Letter Printed: Date Local Authority Was Notified:

Date Update:

Date Report Faxed to Local Authority: Not reported Local Authority Notification Date 1: Local Authority Notification Date 2:

Local Authority Notification Date 3:

Status at Spill:

Not reported CONTAMINATED SOIL FROM NON-REGULATED LUST.

L.U.S.T.

Not reported

Not reported

Not reported

Not reported

Not reported

Not reported

Comments:

INCIDENT THE RESULT OF MOA APPLICATION RECEIVED BY SA MIKE DIGIORO. JS

HOLLY TRINITY MISSIONARY 253 B MECHANICS AVE CAMDEN, NJ

NJ Release:

Location:

Facility ID: Date Received:

4495 03/26/1996 Facility Not reported

Yes

0408

4-5 GAL

Facility Phone: Date of Incident:

03/26/1996 OIL FUEL Substance(s): Substance Type: Liquid A310 Letter: Yes

Hazrds Material: COMU:

Amnt Released:

Release Type: Terminated Injuries: No Public Exposure: No

Police at Scene: No Contamination of: Land

Caller:

Name: Address:

DAVE MAIER Not reported

Title:

ADMIN.

Phone:

609-292-1800

Title:

Not reported

Time:

Not reported

Title:

DISP #754

Time:

18:12

Title:

Not reported

Time:

Not reported

Referred To: Telephone: Incident Time:

DRPSR Faxed, Mailed Not reported

> **NJ Release NJ Spills**

S102224756 N/A

Case Number:

96-3-26-0958-32 JIMH

Operator: Nature of Incident: Facility Facility Type:

Snstve Pop

Time of Incident:

Not reported

Substance Identity: Known TCPA Chemical: No

CAS Number: Ref. Code:

Not reported 101 Estimate

Yes

Release VE: Contained: Facility Evacuation: No

Public Evacuation: No Firemen at Scene: No

Receiving Water: Not reported

Title:

FEDERAL OIL

EDR ID Number EPA ID Number

HOLLY TRINITY MISSIONARY (Continued)

S102224756

Telephone:

609-964-1300

Responsible Party:

Name:

Known

Contact: Address: Not reported

CAMDEN

253 B MECHANICS AVE CAMDEN, NJ

County:

NJ Spill:

Date:

Name: Telephone:

Not reported Not reported Not reported

Local Municipality

Name:

CAMDEN CITY 609-757-7400

Telephone: Date:

03/26/1996

Other:

Name: Not reported Telephone: Not reported Date: Not reported

Incident:

Name: Region:

Not reported **BFO-CAS** 03/26/1996

Date: ITM:

Incident Description:

Wind Direction/Speed: Assistance Requested:

Date A310 Letter Printed:

Date Local Authority Was Notified:

Date Update: Date Report Faxed to Local Authority:

Local Authority Notification Date 1: Local Authority Notification Date 2:

Local Authority Notification Date 3:

Status at Spill: Comments:

Not reported

Date Received: Location:

Facility ID:

Facility Facility Phone: Not reported Date of Incident: 03/26/1996 Substance(s): OIL FUEL Substance Type: Liquid

A310 Letter: Yes Hazrds Material: Yes

COMU: 0408 Amnt Released: 4-5 GAL Release Type: Terminated

Injuries: No Public Exposure: No Police at Scene: No Contamination of: Land

Caller:

Name: Address:

Telephone:

DAVE MAIER Not reported 609-964-1300 Company:

HOLLY TRINITY MISSIO

Title:

Not reported

Telephone:

Not reported

Title:

Not reported

Time:

Not reported OPER 77

Municipality Title:

10:02

Not reported

Title: Time:

Time:

Not reported

Referred To: Telephone:

DRPSR Faxed, Mailed Not reported

Incident Time:

Not reported Not reported

Soil Contamination

Not reported

Not reported

Not reported

Not reported

03/26/1996

No 03/26/1996

LEAK FROM PIPING ON TANK LEAK HAS BEEN STOPPED.

03/26/1996

4495

Case Number:

96-3-26-0958-32

Operator: Nature of Incident: Facility Facility Type: Time of Incident:

Snstve Pop Not reported

JIMH

Substance Identity: Known TCPA Chemical: No

CAS Number: Not reported Ref. Code: 101

Release VE: **Estimate** Contained: Yes Facility Evacuation: No

Public Evacuation: No Firemen at Scene: No

Receiving Water: Not reported

Title:

FEDERAL OIL

EDR ID Number EPA ID Number

Site

HOLLY TRINITY MISSIONARY (Continued)

S102224756

Responsible Party:

Name:

Known

Contact:

Not reported

Address:

253 B MECHANICS AVE

CAMDEN, NJ CAMDEN

County: NJ Spill:

Name:

Not reported Not reported Telephone: Date: Not reported

Local Municipality:

Name: Telephone: CAMDEN CITY 609-757-7400 03/26/1996

Date: Other:

Not reported Name:

Date:

Telephone: Not reported Not reported Incident:

Name:

Not reported **BFO-CAS** Region: 03/26/1996 Date:

ITM: Incident Description:

Wind Direction/Speed: Assistance Requested:

Date A310 Letter Printed:

Date Local Authority Was Notified: Date Update:

Date Report Faxed to Local Authority: Local Authority Notification Date 1:

Local Authority Notification Date 2: Local Authority Notification Date 3:

Status at Spill:

Comments: Not reported

NJ Spill:

Facility ID:

4495 03/26/1996 Date Received: Facility Location: Facility Phone: Not reported Date of Incident: 03/26/1996 Substance(s): OIL FUEL

Substance Type: Liquid A310 Letter: Yes Hazrds Material: Yes

COMU: 0408 4-5 GAL Amnt Released: Release Type: Terminated

Injuries: No Public Exposure: Police at Scene: No Contamination of: Land

Caller:

Name: Address: Phone:

DAVE MAIER Not reported 609-964-1300 Company:

Title:

HOLLY TRINITY MISSIO

Not reported

Telephone:

Not reported

Title:

Not reported

Time:

Not reported

OPER 77

Municipality Title:

Time:

10:02

Title:

Not reported

Time:

Not reported

Referred To: Telephone: Incident Time: DRPSR Faxed, Mailed Not reported

Soil Contamination Not reported

No

03/26/1996

Not reported Not reported 03/26/1996

Not reported Not reported Not reported

LEAK FROM PIPING ON TANK.LEAK HAS BEEN STOPPED.

Case Number:.

96-3-26-0958-32

Operator: Nature of Incident: Facility Type:

JIMH Facility Snstve Pop Time of Incident: Not reported

Substance Identity: Known TCPA Chemical: No.

CAS Number: Ref. Code:

Not reported

Release VE: Contained:

101 Estimate Yes

Facility Evacuation: No Public Evacuation: No Firemen at Scene: No

Receiving Water: Not reported

Title:

FEDERAL OIL

Site

Database(s)

EDR ID Number EPA ID Number

HOLLY TRINITY MISSIONARY (Continued)

S102224756

Responsible Party:

Name: Contact: Known

Not reported

Address:

253 B MECHANICS AVE

CAMDEN, NJ CAMDEN

County: NJ Spill: -

Name:

Not reported Phone: Not reported Date: Not reported

Local Municipality:

Name: Phone: Date:

Not reported Not reported Not reported

Other:

Name: Not reported Phone: Not reported Date: Not reported

Incident: Name:

Not reported Region: Not reported Date: Not reported ITM: Not reported

Incident Description: Wind Direction/Speed:

Assistance Requested: Date A310 Letter Printed:

Date Local Authority Was Notified:

Date Update: Date Report Faxed to Local Authority: Local Authority Notification Date 1:

Local Authority Notification Date 2: Local Authority Notification Date 3:

Status at Spill:

LEAK FROM PIPING ON TANK LEAK HAS BEEN STOPPED.

Comments:

STORM SEWER/ 1000 BLK SO MERRIMAC RD **CAMDEN, NJ**

NJ Release:

Facility ID: Date Received: Location:

Other Facility Phone: Not reported

Date of Incident: Substance(s): Substance Type: Liquid

A310 Letter: Hazrds Material: Yes

COMU: Amnt Released:

Release Type: Injuries: No. Public Exposure: Yes Police at Scene: No Contamination of: Land, Water

Caller:

Company:

Title:

HOLLY TRINITY MISSIO

Not reported

Phone:

Not reported

Title:

Not reported

Time:

Not reported Not reported

Title: Time:

10:02

Title:

Not reported

Time:

Not reported

Referred To:

Telephone: Incident Time: Not reported Not reported Not reported

Not reported

Soil Contamination

Not reported

03/26/1996

Not reported

Not reported 03/26/1996

Not reported

Not reported

Not reported

No

NJ Release NJ Spills

S102196623 N/A

13484

08/10/1993

08/09/1993

OIL MOTOR Yes

0408 3-5 QTS Intermittent

93-8-10-1013-25 Case Number:

ROGER Operator: Nature of incident: Facility Type:

Citizen Residential

Time of Incident: 16:30

Substance Identity: Suspected TCPA Chemical: No

CAS Number: Ref. Code:

Not reported 002

Release VE: **Estimate** Contained: No Facility Evacuation: No Public Evacuation: No Firemen at Scene: No

Receiving Water: UNKNOWN

S102196623

Public Exposure: Yes Police at Scene: No

Name:

Contamination of: Land, Water Caller:

ANONYMOUS

	•		`		
STO	RM SEWER/ 1000	BLK (Continued)		e de la companya de l	
	Name:	ANONYMOUS		Title:	CITIZEN
	Address:	Not reported		1100.	CHIZLIN
	Telephone:	Not reported			
Responsible Party:					
	Name:	UnKnown		Company:	Not reported
	Contact:	Not reported	•	Title:	Not reported
	Address:	Not reported			
	County:	Not reported	•	Telephone:	Not reported
	NJ Spill:	•		,	
	Name:	OEM		Title:	FAXED
	Telephoné:	609-882-2000	•	•	•
	Date:	08/10/1993		Time:	Not reported
	Local Municipality				· ·
	Name:	CAMDEN CITY		Municipality Title:	OPR 717
	Telephone:	609-757-7400			
	Date:	08/10/1993		Time:	10:18
	Other:	N-4 t1	•		
	Name:	Not reported		Title:	Not reported
	Telephone: Date:	Not reported		Times	Not repeated
	Incident:	Not reported	•	Time:	Not reported
	Name:	G.McCREARY		Referred To:	DRPSR
	Region:	ER2		Telephone:	Office,Faxed
	Date:	08/10/1993		Incident Time:	10:17
	ITM:	T		moldon mino.	10.11
	Incident Description:		Illegal Dumping	·	,
Wind Direction/Speed:		Not reported			
	Assistance Reque		Yes	•	
Date A310 Letter Printed:		Not reported		, , , , , , , , , , , , , , , , , , ,	
Date Local Authority Was Notified:		Not reported			
Date Update:		Not reported			
	Local Authority No		Not reported		
,	Local Authority No		Not reported		
		otification Date 3:	Not reported		
	Status at Spill:		WAS DUMPED INTO	SEWER DRAIN AT	LOCATION.
	Comments:	Not reported			• • •
N.	l Spill:	1			•
	Facility ID:	13484	,	Case Number:	93-8-10-1013-25
	Date Received:	08/10/1993	•	Operator:	ROGER
	Location:	Other		Nature of Incident:	Citizen
•	Facility Phone:	Not reported		Facility Type:	Residential
	Date of Incident:	08/09/1993		Time of Incident:	16:30
	Substance(s):	OIL MOTOR	,	•	
	Substance Type:	Liquid		Substance Identity:	Suspected
	A310 Letter:	Yes		TCPA Chemical:	No
	Hazrds Material:		,	CAS Number:	Not reported
	COMU:	0408		Ref. Code:	002
	Amnt Released:	3-5 QTS		Release VE:	Estimate
	Release Type:	Intermittent	,	Contained:	No
	Injuries:	No .		Facility Evacuation:	
,	Public Exposure:			Public Evacuation:	
	Police at Scene:	NO		Firemen at Scene	No ·

Firemen at Scene: No

Title:

Receiving Water: UNKNOWN

CITIZEN

EDR ID Number **EPA ID Number**

S102196623

STORM SEWER/ 1000 BLK (Continued)

Address:

Not reported

Phone:

Not reported

Responsible Party:

Name: Contact:

UnKnown Not reported

Address:

Not reported Not reported

County:

NJ Spill:

Name: OEM Phone: 609-882-2000

Date:

08/10/1993

Local Municipality:

Name: Phone:

CAMDEN CITY 609-757-7400 08/10/1993

Date: Other:

Name: Not reported Not reported

Phone: Date:

Not reported

Incident:

Name: Region: **G.McCREARY** ER2

Date: ITM:

08/10/1993

Incident Description: Wind Direction/Speed:

Assistance Requested: Date A310 Letter Printed:

Date Local Authority Was Notified: Date Update:

Date Report Faxed to Local Authority: Local Authority Notification Date 1:

Local Authority Notification Date 2: Local Authority Notification Date 3:

Status at Spill: Comments:

ABOVE MATERIAL WAS DUMPED INTO SEWER DRAIN AT LOCATION. Not reported

Company:

Not reported Not reported

Phone:

Title:

Not reported

Title:

FAXED

Time:

Not reported

Title:

OPR 717

Time:

10:18

Title:

Time:

Illegal Dumping

Not reported

Not reported

Not reported

Not reported

Not reported

Not reported Not reported

Not reported

Yes

Not reported Not reported

Referred To:

Telephone: Incident Time:

Office, Faxed 10:17

DRPSR

AREA OF 3225 MOUNT EPHRAIM AVE CAMDEN, NJ

NJ Spill:

Facility ID: 42386.0000 Date Received: Not reported Location: Not reported Facility Phone: 609-962-6709 Date of Incident: Not reported Substance(s): Not reported Substance Type: Not reported A310 Letter: Not reported Not reported Hazrds Material: COMU: 0408 Amnt Released: Not reported

Injuries: No Public Exposure: Not reported Police at Scene: Not reported Contamination of: Not reported

Not reported

Release Type:

NJ Spills

S103903367 N/A

Case Number: Operator:

99-05-01-1350-04 JIMH

Nature of Incident: Not reported Facility Type: Residential Time of Incident: Not reported

Substance Identity: Not reported TCPA Chemical: Not reported CAS Number: Not reported Ref. Code:

012 Release VE: Not reported Contained: Not reported Facility Evacuation: Not reported Public Evacuation: Not reported Firemen at Scene: Not reported

Receiving Water: Not reported

TC465843.1p Page 109 of 193

EDR ID Number Site Database(s) **EPA ID Number**

AREA OF (Continued)

S103903367

Caller:

Name:

EVE MADDEN

Address:

3225 MT EPHRIAM AVE

CAMDEN, NJ

Phone:

609-962-6709

Not reported

Responsible Party:

Name:

Known Contact: Not reported Address: Not reported

County: NJ Spill:

Name: Not reported Phone:

Not reported Date: Not reported

Local Municipality:

Not reported Name: Phone: Not reported Not reported

Date: Other:

Name: Not reported Phone: Not reported Date: Not reported

Incident:

Name: Not reported Region: Not reported Date: Not reported ITM: Not reported

Incident Description: Wind Direction/Speed: Assistance Requested:

Date A310 Letter Printed: Date Local Authority Was Notified: Date Update:

Date Report Faxed to Local Authority: Local Authority Notification Date 1: Local Authority Notification Date 2: Local Authority Notification Date 3:

Status at Spill: Comments:

Not reported Not reported Title:

CITIZEN

Company: Title:

Not reported Not reported

Phone:

Not reported Not reported

Title: Time:

Not reported

Title:

Not reported

Time:

Not reported

Title: Time:

Not reported

Yes

Not reported Not reported

Referred To: Telephone: Incident Time:

Not reported Not reported Not reported

VACANT LOT 2630 MOUNT EPHRAIM AVE CAMDEN, NJ

NJ Release NJ Spills

S102192991 N/A

NJ Release:

Facility ID: 6064 Date Received: 04/15/1993 Location: Other Facility Phone: Not reported Date of incident: 04/15/1993

DRUMS, ABANDONED, UNKNOWN LEAKING Substance(s): Substance Type: Liquid A310 Letter: Yes

Unknown

UNKNOWN

0408

COMU: Amnt Released:

Hazrds Material:

Release Type: Continuous Injuries: No

Case Number:

Operator: **ROGER** Nature of Incident: Other Facility Type: Industrial Time of Incident: 12:00

Substance Identity: Unknown TCPA Chemical: CAS Number:

Unknown Not reported 002

Ref. Code: Release VE:

Not reported

93-4-15-1209-31

Contained: No Facility Evacuation: No VACANT LOT (Continued)

S102192991

Public Exposure: No Police at Scene: Yes

Contamination of: Land

Caller:

Name:

ERNIE SMITH

Address: Not reported 609-757-8600 Telephone:

Responsible Party:

Name: Contact: Address: County:

UnKnown Not reported Not reported Not reported

NJ Spill:

Name: Not reported Telephone: Not reported Date: Not reported

Local Municipality:

Name: Telephone: CAMDEN CITY

Date:

609-757-7400 04/15/1993、

Other:

Name: Not reported Telephone: Not reported

Date: Incident:

Not reported

Name: Region: Date:

B.WINTERBURN ER2 04/15/1993

ITM: Incident Description:

Wind Direction/Speed: Assistance Requested:

Date A310 Letter Printed: Date Local Authority Was Notified: Date Update:

Date Report Faxed to Local Authority: Local Authority Notification Date 1: Local Authority Notification Date 2:

Local Authority Notification Date 3: Status at Spill:

Not reported

6064

NJ Spill: Facility ID:

Comments:

Date Received: 04/15/1993 Location: Other Facility Phone: Not reported Date of Incident: 04/15/1993

Substance(s): Substance Type: Liquid

A310 Letter:

Hazrds Material: Unknown COMU: 0408 Amnt Released: UNKNOWN

Release Type: Injuries:

Continuous No

Yes

Public Evacuation: No Firemen at Scene: Yes

Receiving Water: Not reported

Title:

CAMDEN CTY H.D.

Company:

Not reported Title: Not reported

Telephone:

Title:

Not reported

Time:

Municipality Title: **OPR.703**

Time:

12:15

Title:

Not reported

Time:

Not reported

Not reported

Not reported

Referred To: Telephone:

DRPSR Office, Faxed 12:12

Incident Time:

Abandoned Containers Not reported

Yes

Not reported Not reported Not reported Not reported

Not reported Not reported Not reported

52-55 GALS DRUMS UNK LEAKING. ABANDON AT LOCATION. YESTERDAY THERE WAS A FIRE AT THE SITE.

Case Number: Operator:

93-4-15-1209-31 ROGER Nature of Incident: Other

Facility Type: Time of Incident:

Industrial 12:00

DRUMS, ABANDONED, UNKNOWN LEAKING Substance Identity: Unknown

> TCPA Chemical: Unknown-CAS Number: Not reported

Ref. Code:

002

Release VE: Not reported Contained: No

Facility Evacuation: No

EDR ID Number EPA ID Number

S102192991

Site

VACANT LOT (Continued)

Public Exposure: No

Police at Scene: Yes

Contamination of: Land

Public Evacuation: No Firemen at Scene: Yes

Receiving Water: Not reported

Caller:

Name:

ERNIE SMITH

Address: Phone:

Not reported 609-757-8600

Responsible Party:

Name: Contact:

UnKnown Not reported Not reported

Address: County:

Not reported

NJ Spill: Name:

Not reported Phone: Not reported Date: Not reported

Local Municipality:

Name: Phone: **CAMDEN CITY**

Date:

609-757-7400 04/15/1993

Other:

Name: Not reported

Phone: Date:

Not reported Not reported

Incident: Name:

B.WINTERBURN

Region: Date:

ER2 04/15/1993

ITM:

Incident Description:

Wind Direction/Speed:

Assistance Requested: Date A310 Letter Printed:

Date Local Authority Was Notified: Date Update:

Date Report Faxed to Local Authority: Local Authority Notification Date 1:

Local Authority Notification Date 2: Local Authority Notification Date 3:

Status at Spill:

Comments: Not reported

VACANT HOUSE 6TH / MT VERNON AVES

CAMDEN, NJ

Facility ID: Date Received:

Location: Other Facility Phone:

Date of Incident:

Substance(s):

Substance Type: Liquid A310 Letter: No Hazrds Material: Unknown COMU: 0408

Title:

CAMDEN CTY H.D.

Database(s)

Company: Title:

Not reported Not reported

Phone:

Not reported Not reported

Title:

Not reported

OPR.703

12:15

Time:

Title:

Time: Title:

Not reported

Time: Not reported

Referred To:

DRPSR Telephone: Office, Faxed Incident Time:

12:12

Not reported

Not reported Not reported Not reported

Yes

Abandoned Containers

Not reported Not reported Not reported

Not reported

52-55 GALS DRUMS UNK LEAKING. ABANDON AT LOCATION. YESTERDAY THERE WAS A FIRE AT THE SITE.

> **NJ Release NJ Spills**

S102193568 N/A

NJ Release:

7180 05/01/1993

Not reported 05/01/1993

DRUMS, ABANDONED, LEAKING

TCPA Chemical: CAS Number: Ref. Code:

Case Number:

Facility Type:

Time of Incident:

Operator:

Unknown N/A 002

RICH

12:20

Residential

Nature of Incident: Municipal

Substance Identity: Known

93-5-1-1407-21

TC465843.1p Page 112 of 193

EDR ID Number EPA ID Number

S102193568

Site

VACANT HOUSE (Continued)

Amnt Released: UNKNOWN Release VE:

Not reported

Release Type: Terminated Injuries: No

Contained: Yes Facility Evacuation: No Public Evacuation: No Firemen at Scene: Yes

Public Exposure: No Police at Scene: Yes Contamination of: Land

Receiving Water: Not reported

Caller:

Name: Address:

Telephone:

OPER 30 CAMDEN, NJ 609-784-6660 Title:

CITY F.D.

Responsible Party:

Name: UnKnown Contact: Not reported Not reported

Not reported Company: Title: Not reported

Address: County:

Not reported

Telephone:

Not reported

NJ Spill: Name:

Not reported Not reported

Title:

Not reported

Telephone:

Date: Not reported Time:

Not reported

Local Municipality:

Municipality Title:

Not reported

Name: Not reported Telephone:

Not reported Not reported

Not reported

Date: Other: Name:

Not reported

Time:

Not reported

Telephone:

Not reported Not reported Title: Time:

Not reported

Date: Incident:

PAT DIGANGI Name: Region: ER2

Referred To: Telephone: Incident Time: DRPSR Paged,Faxed 14:12

93-5-1-1407-21

Date: ITM:

05/01/1993

Abandoned Containers

Incident Description: Wind Direction/Speed:

Not reported

Assistance Requested:

No Not reported

Date A310 Letter Printed: Date Local Authority Was Notified:

Not reported

Date Update: Date Report Faxed to Local Authority: Local Authority Notification Date 1:

Not reported Not reported Not reported

Local Authority Notification Date 2: Local Authority Notification Date 3: Not reported Not reported

Status at Spill:

3-55 GAL DRUMS WITH OIL WERE LEAKING PRODUCT IN BASEMENT, CONTAINED BY

F.D. & CITY H.D. DOING CLEANUP

Not reported Comments:

NJ Spill:

Facility ID: 7180 Date Received: 05/01/1993 Location: Other Facility Phone:

Not reported

Date of Incident:

05/01/1993

Operator: RICH Nature of Incident: Municipal Facility Type: Residential Time of Incident: 12:20

Case Number:

Substance(s): Substance Type: Liquid

DRUMS, ABANDONED, LEAKING

A310 Letter: No Hazrds Material: Unknown COMU: 0408

Substance Identity: Known TCPA Chemical: Unknown CAS Number: N/A Ref. Code: 002

EDR ID Number EPA ID Number

S102193568

Site

VACANT HOUSE (Continued)

Release VE:

Not reported

Release Type: Injuries:

Terminated

Contained: Yes Facility Evacuation: No

Public Exposure: No Police at Scene: Yes

Amnt Released: UNKNOWN

Public Evacuation: No Firemen at Scene: Yes

Contamination of: Land

Receiving Water:

Not reported

Caller:

Name: Address: OPER 30

Title:

CITY F.D.

Phone:

CAMDEN, NJ 609-784-6660

Responsible Party:

Name: Contact:

UnKnown Not reported

Company: Title:

Not reported Not reported

Address: County:

Not reported

Phone:

Not reported

NJ Spill: Name:

Not reported

Title:

Not reported

Phone:

Not reported Not reported

Date:

Not reported

Time:

Not reported

Local Municipality:

Name: Not reported Phone:

Title:

Not reported

Date:

Not reported Not reported Time:

Not reported

Other:

Name: Not reported Title:

Not reported

Phone: Date:

Not reported Not reported Time:

Not reported

Incident: Name:

PAT DIGANGI

Referred To:

DRPSR

Region: Date:

ER2 05/01/1993 Telephone: Incident Time: Paged, Faxed 14:12

ITM:

В

Abandoned Containers

Incident Description: Wind Direction/Speed:

Not reported

Assistance Requested:

No

Date A310 Letter Printed: Date Local Authority Was Notified: Not reported Not reported

Date Update:

Not reported

Date Report Faxed to Local Authority: Local Authority Notification Date 1:

Not reported Not reported

Local Authority Notification Date 2: Local Authority Notification Date 3: Not reported

Status at Spill:

Not reported 3-55 GAL DRUMS WITH OIL WERE LEAKING PRODUCT IN BASEMENT, CONTAINED BY

F.D. & CITY H.D. DOING CLEANUP

Comments:

Not reported

INTERSECTION OF RT#130 & MT.EPHRAIM AVE CAMDEN, NJ

NJ Release NJ Spills

S102199522 N/A

NJ Release:

Facility ID:

Location:

19346

11/16/1993

Other Not reported

Case Number: Operator:

93-11-16-1134-00

Date Received:

Facility Type:

JOYCE Nature of Incident: Municipal Residential

Facility Phone: Date of Incident: 11/16/1993

OIL TRANSFORMER UNK PCB

Substance(s): Substance Type: Liquid Time of Incident: 11:14 Substance Identity: Known

S102199522

No

Yes

No

0408

8-10 GAL

Terminated

TCPA Chemical: No

CAS Number: Ref. Code:

Not reported 101

Release VE:

Estimate

Contained:

Yes

Facility Evacuation: No

Company: -

Telephone:

Municipality Title:

Title:

Title:

Time:

Time:

Title:

Time:

Referred To:

Incident Time:

Telephone:

Public Evacuation: No

Firemen at Scene: Yes

Receiving Water: Not reported

Title:

CAMDEN FD

P.S.E.& G.

Not reported

Faxed, Mailed

Not reported

DRPSR

Caller:

Name:

DISP. #23

Address: Telephone:

A310 Letter:

COMU:

Injuries:

Hazrds Material:

Amnt Released:

Public Exposure: No

Police at Scene: Yes

Contamination of: Land

Release Type:

CAMDEN, NJ 609-757-7503

Responsible Party:

Name: Known

Contact: Address: Not reported

Not reported

County:

Not reported

NJ Spill:

Name: Not reported

Telephone: Not reported Not reported

Date: Local Municipality:

Name: Telephone: Not reported Not reported

Date: Other:

Not reported

Name: Telephone: Not reported Not reported

Date:

Not reported Incident:

Name:

Not reported Region: **BFO-SA** Date: 11/16/1993

ITM:

Spill

Incident Description: Wind Direction/Speed:

Not reported

Assistance Requested: Date A310 Letter Printed:

No Not reported

Date Local Authority Was Notified: Date Update:

Not reported Not reported

Date Report Faxed to Local Authority: Local Authority Notification Date 1:

Not reported Not reported

Local Authority Notification Date 2: Local Authority Notification Date 3: Not reported Not reported

Status at Spill:

SPILL FROM TRANSFORMER, P.S.E.& G. ON SITE.

Comments:

Not reported

NJ Spill:

Facility ID: 19346

Date Received: Location:

11/16/1993 Other

Facility Phone:

Not reported

Date of Incident: 11/16/1993

Substance(s):

OIL TRANSFORMER UNK PCB

Substance Type: Liquid

A310 Letter: No Case Number: Operator:

93-11-16-1134-00 JOYCE

Nature of Incident: Municipal Residential

Facility Type: Time of Incident:

Substance Identity: Known TCPA Chemical: No

EDR ID Number Site Database(s) **EPA ID Number**

INTERSECTION OF RT#130 & (Continued)

S102199522

Hazrds Material: Yes COMU: 0408 Amnt Released: 8-10 GAL Terminated

Release Type: Injuries: No Public Exposure: No Police at Scene: Yes

Contamination of: Land

Caller:

Name: Address:

DISP. #23 CAMDEN, NJ

609-757-7503 Phone:

Responsible Party:

Name: Known Contact: Not reported Address: Not reported County: Not reported

NJ Spill:

Name: Not reported Phone: Not reported Not reported Date:

Local Municipality:

Name: Not reported Phone: Not reported Date: Not reported

Other:

Name: Not reported Phone: Not reported Date: Not reported

Incident:

Name: Not reported BFO-SA Region: Date: 11/16/1993

ITM: Incident Description:

Wind Direction/Speed: Assistance Requested: Date A310 Letter Printed:

Date Local Authority Was Notified: Date Update:

Spill

No

Not reported

Date Report Faxed to Local Authority: Not reported Local Authority Notification Date 1: Local Authority Notification Date 2:

Local Authority Notification Date 3: SPILL FROM TRANSFORMER, P.S.E.& G. ON SITE.

Status at Spill: Comments:

MT.EPHRIAM/HADDON

Not reported

CAS Number:

Not reported

Ref. Code: Release VE: Contained:

101 **Estimate** Yes

Facility Evacuation: No Public Evacuation: No Firemen at Scene: Yes

Receiving Water: Not reported

Title:

CAMDEN FD

Company:

P.S.E.& G. Not reported

Phone:

Title:

Not reported

Title:

Not reported Not reported

Time: Title:

Not reported

Time:

Not reported

Title:

Not reported

Time:

Not reported

Referred To: Telephone: Incident Time: **DRPSR** Faxed, Mailed Not reported

AREA OF

NJ Spills

S103904314 N/A

NJ Spill:

CAMDEN, NJ

Facility ID: 44452.0000 Date Received: Not reported Location: Not reported Facility Phone: Not reported Date of Incident: Not reported Substance(s): Not reported Case Number: Operator:

99-06-09-0954-42 JIMH

Nature of Incident: Not reported Facility Type: Time of Incident:

Commercial Not reported

EDR ID Number EPA ID Number

Site

AREA OF (Continued)

S103904314

Substance Type: Not reported Not reported A310 Letter: Hazrds Material: Not reported COMU: 0408 Amnt Released: Not reported Not reported Release Type:

Injuries: No

Public Exposure: Not reported Police at Scene: Not reported Contamination of: Not reported

Caller:

Name: **RUSSEL SAMAROO** Address:

ONE PENN PLAZA E

NEWARK, NJ 973-491-7216

Phone: Responsible Party:

Name: Known Contact: Not reported Address: Not reported County: Not reported

NJ Spill:

Name: Not reported Phone: Not reported Date: Not reported

Local Municipality:

Name: Not reported Phone: Not reported Not reported Date: Other:

Name: Not reported Phone: Not reported Date: Not reported Incident:

Name: Not reported Region: Not reported Date: Not reported ITM: Not reported

Wind Direction/Speed: Assistance Requested:

Incident Description:

Date A310 Letter Printed: Not reported Date Local Authority Was Notified: Not reported Date Update: Not reported Date Report Faxed to Local Authority: Not reported Local Authority Notification Date 1: Not reported

Local Authority Notification Date 2: Local Authority Notification Date 3:

Status at Spill: Not reported Comments: Not reported

Substance Identity: Not reported TCPA Chemical: Not reported CAS Number: Not reported Ref. Code: 101 Release VE: Not reported Contained: Not reported Facility Evacuation: Not reported Public Evacuation: Not reported Firemen at Scene: Not reported Receiving Water: Not reported

Title:

NJ TRANSÍT

Company:

Not reported Not reported

Phone:

Not reported

Title:

Title:

Not reported

Time:

Not reported

Title:

Not reported

Time:

Not reported

Title:

Not reported

Time:

Not reported

Not reported

Not reported

Not reported

No

Not reported

Referred To: Telephone: Incident Time: Not reported Not reported Not reported

IN THE AREA OF 3RD / NICKEL AVE CAMDEN, NJ

NJ Release:

Facility ID: 12322 07/12/1994 Date Received: Location:

Other

NJ Release NJ Spills

S102206755 N/A

Case Number: Operator:

94-7-12-1734-12

DIANNE Nature of Incident: Facility

S102206755

Facility Phone: Not reported Date of Incident: 07/12/1994

OIL TRANSFORMER NON-PCB Substance(s): Substance Type: Liquid

A310 Letter: Yes Hazrds Material: Yes COMU: 0408

Amnt Released: 1 PINT Terminated Release Type:

Injuries: No Public Exposure: No Police at Scene: No Contamination of: Land

Caller:

Name:

STREAHLE

Address: 300 NEW ALBANY RD MOORSETOWN, NJ

609-778-6853 Telephone:

Responsible Party:

Name: Contact: Known **STREAHLE**

300 NEW ALBANY RD Address: MOORSETOWN, NJ

County: NJ Spill:

Name: Telephone:

Not reported Not reported Not reported

BURLINGTON

Local Municipality:

Name: **CAMDEN CITY** Telephone: Date:

609-757-7400 07/12/1994

Other:

Date:

Name: Telephone: Date:

Not reported Not reported Not reported

Spill

No

Not reported

Not reported

Not reported

Not reported

Incident:

Name: Not reported Region: **BFO-CAS** 07/12/1994 Date:

ITM: Incident Description:

Wind Direction/Speed:

Assistance Requested: Date A310 Letter Printed:

Not reported Date Local Authority Was Notified: Not reported Date Update: Not reported Date Report Faxed to Local Authority: Local Authority Notification Date 1: Not reported

Local Authority Notification Date 2: Local Authority Notification Date'3:

Status at Spill:

PSE&G. Comments: Not reported

NJ Spill:

Facility ID: 12322 Facility Type:

Commercial Time of Incident:

16:40

Substance Identity: Known TCPA Chemical: No

CAS Number: Ref. Code: Release VE:

Not reported 101 Estimate Yes

Contained: Facility Evacuation: No Public Evacuation: No Firemen at Scene: No

Receiving Water: Not reported

Title:

PSE&G

Company:

PSE&G **SERV DISP** Title:

Telephone:

Title:

Not reported

609-778-6853

Time:

Not reported

Municipality Title: OPR. #718

17:37

Time:

Not reported

Title: ·Time:

Not reported

Referred To:

DRPSR Faxed, Mailed

Telephone: Incident Time:

Not reported

Case Number:

TRANSFORMER MALFUNCTION CAUSED SPILL. POLE #17227. CLEAN UP DONE BY

94-7-12-1734-12

IN THE AREA OF (Continued)

S102206755

Date Received: 07/12/1994 Other Location: Facility Phone: Not reported Date of Incident: 07/12/1994

Substance(s): OIL TRANSFORMER NON-PCB

Substance Type: Liquid A310 Letter: Yes Hazrds Material: Yes COMU: 0408 Amnt Released: 1 PINT

Release Type: Terminated Injuries: No Public Exposure: No Police at Scene: Contamination of: Land

Caller:

Name:

STREAHLE

Address: 300 NEW ALBANY RD MOORSETOWN, NJ

Phone: 609-778-6853

Responsible Party:

Name: Known Contact: STREAHLE

Address: 300 NEW ALBANY RD

MOORSETOWN, NJ **BURLINGTON**

County: NJ Spill:

Name: Not reported Phone: Not reported Date: Not reported

Local Municipality:

Name: **CAMDEN CITY** Phone: 609-757-7400 07/12/1994

Date: Other:

Name: Not reported Phone:

Not reported Date: Not reported Incident:

Name: Not reported Region: **BFO-CAS** Date: 07/12/1994

ITM: Incident Description: Wind Direction/Speed:

Assistance Requested: Date A310 Letter Printed: Date Local Authority Was Notified:

Not reported Date Update: Not reported Date Report Faxed to Local Authority: Not reported Local Authority Notification Date 1: Not reported Local Authority Notification Date 2: Not reported Local Authority Notification Date 3: Not reported

Spill

No

Not reported

Not reported

Status at Spill:

PSE&G. Comments:

Operator: DIANNE Nature of Incident: Facility

Facility Type: Commercial Time of Incident: 16:40

Substance Identity: Known TCPA Chemical: No

CAS Number: Not reported Ref. Code: 101 Release VE: **Estimate** Contained: Yes Facility Evacuation: No

Public Evacuation: No Firemen at Scene: No

Receiving Water: Not reported

Title:

PSE&G

Company: PSE&G Title: **SERV DISP**

Phone: 609-778-6853

Title: Not reported

Time: Not reported

Title: OPR. #718

17:37 Time:

Title: Not reported

Not reported

Referred To: DRPSR Telephone: Faxed, Mailed

Incident Time: Not reported

TRANSFORMER MALFUNCTION CAUSED SPILL. POLE #17227. CLEAN UP DONE BY

Time:

EDR ID Number Site Database(s) EPA ID Number

RUTGERS UNIVERSITY CAMDEN PEARL ST PARK LOT #16 CAMDEN, NJ

LUST

S103514056 N/A

LUST:

Facility ID: Facility Status: 98-08-20-1241-07

Assigned to a Program 0092054

UST ID:

Lead Program Assigned to Case:

Bureau of Underground Storage Tanks

TMS Number:

N98-1563 В

Remecdial Level:

SH

Case Manager:

Web Data Case Manager:

Not reported

200 BLOCK OF **PFIEFER ST** CAMDEN, NJ

NJ Release NJ Spills

S102195130 N/A

NJ Release:

Location:

Facility ID: Date Received: 10388

06/21/1993

Other. Not reported

Facility Phone: Date of Incident:

06/21/1993

OIL HEATING

Substance(s): Substance Type:

Liquid

A310 Letter: No

Hazrds Material: Yes

COMU: 0408

Amnt Released: 50-70 GAL

Release Type:

Terminated Injuries: No

Public Exposure: Yes Police at Scene: Yes

Contamination of: Land, Water

Caller:

Name: Address: **DISP MCCARTY** Not reported

Telephone:

609-757-7502

Responsible Party:

Name:

UnKnown Not reported

Contact: Address:

Not reported

County: NJ Spill:

Not reported

Name: Telephone: Not reported Not reported

Date:

Not reported

Local Municipality:

Name:

Not reported Not reported

Telephone: Date:

Not reported

Other:

Name:

Not reported

Telephone: Date:

Not reported Not reported

Incident:

Name:

BOB WINTERBURN

Region: Date:

ER2

06/21/1993

Case Number:

93-6-21-2039-17 Operator: PAT

Nature of Incident: Municipal

Facility Type: Time of Incident: Residential 20:18

Substance Identity: Known

TCPA Chemical: No CAS Number: Not reported

Ref. Code:

002

Release VE:

Estimate

Contained:

No Facility Evacuation: No Public Evacuation: No

Firemen at Scene: Yes

UNKNOWN

Receiving Water:

Title:

CAMDEN FD

Company:

Title:

Not reported Not reported

Telephone:

Not reported

Title:

Not reported

Time:

Not reported

Municipality Title:

Not reported

Time:

Not reported

Title:

Not reported

Time:

Not reported

Referred To: Telephone:

DRPSR Home, Faxed

Incident Time:

20:43

EDR ID Number Database(s) **EPA ID Number**

Site

S102195130

200 BLOCK OF (Continued)

ITM:

Incident Description: Wind Direction/Speed:

Assistance Requested:

Date A310 Letter Printed:

Date Local Authority Was Notified: Date Update:

Date Report Faxed to Local Authority: Local Authority Notification Date 1:

Local Authority Notification Date 2: Local Authority Notification Date 3:

Status at Spill:

Comments: Not reported

NJ Spill:

Facility ID: 10388 Date Received: 06/21/1993

Location: Other Facility Phone: Not reported Date of Incident: 06/21/1993 Substance(s): **OIL HEATING**

Substance Type: Liquid A310 Letter: No Hazrds Material: Yes соми: 0408 Amnt Released: 50-70 GAL Terminated

Release Type: Injuries: No Public Exposure: Yes Police at Scene: Yes

Contamination of: Land, Water

Caller:

Phone:

Name: Address: **DISP MCCARTY** Not reported 609-757-7502

Not reported

Not reported

BOB WINTERBURN

Responsible Party:

Name: UnKnown Contact: Not reported Address: Not reported County: Not reported

NJ Spill:

Name: Not reported Phone: Not reported Date: Not reported

Local Municipality:

Name: Phone:

Date: Not reported Other:

Name:

Not reported Phone: Not reported Date: Not reported

Incident:

Name: Region:

ER2 06/21/1993 Date:

Spill

Not reported

No Not reported

Not reported Not reported

Not reported Not reported Not reported

Not reported UST WAS OVERFILLED CAUSING SPILL. PRODUCT RUNNING INTO STORM DRAINS

WITH RAIN WATER. CNTY HD ENROUTE WILL HANDLE.

Case Number:

PAT Operator: Nature of Incident: Municipal Facility Type: Residential

Time of Incident: 20:18

Substance Identity: Known TCPA Chemical: No

CAS Number: Not reported Ref. Code: 002 Release VE: **Estimate** Contained: No Facility Evacuation: No

Public Evacuation: No Firemen at Scene: Yes

Receiving Water: UNKNOWN

Title:

CAMDEN FD

93-6-21-2039-17

Company:

Not reported Not reported

Phone:

Not reported

Title:

Title:

Not reported

Time:

Not reported

Title:

Not reported

Time:

Not reported Not reported

Title:

Not reported

Time:

Referred To: DRPSR Telephone: Home, Faxed

Incident Time:

20:43

EDR ID Number Site Database(s) **EPA ID Number**

200 BLOCK OF (Continued)

S102195130

ITM:

Incident Description:

Spill

Wind Direction/Speed:

Not reported

Assistance Requested:

No

Date A310 Letter Printed: Date Local Authority Was Notified: Not reported Not reported

Date Update:

Not reported

Date Report Faxed to Local Authority: Not reported Local Authority Notification Date 1:

Local Authority Notification Date 2:

Not reported Not reported

Local Authority Notification Date 3:

Not reported

Status at Spill:

UST WAS OVERFILLED CAUSING SPILL. PRODUCT RUNNING INTO STORM DRAINS

WITH RAIN WATER, CNTY HD ENROUTE WILL HANDLE.

Comments:

Not reported

PHILADELPHIA/NEW JERSEY AREA PHILADELPHIA/NEW JERSEY AREA **ERNS**

8713720

CAMDEN, NJ

ON 36TH ST AT RIVER RD CAMDEN, NJ

S102206412

NJ Release:

Facility ID: Date Received: 11631

07/01/1994

Other

Location: Facility Phone:

Not reported 07/01/1994

Date of Incident:

Substance(s):

OIL HYDRAULIC

Substance Type: Liquid

A310 Letter: No

Hazrds Material: Yes

COMU: 0408 --

Amnt Released: 10 GAL

Release Type: Terminated

Injuries:

No

Public Exposure: No

Police at Scene: Yes

Contamination of: Land

Caller:

DISP 16

Name: Address:

FOR CAMDEN, NJ

Telephone: 609-757-7500

Responsible Party:

Name:

Known

Contact:

Not reported WOODBINE, NJ

Address: County:

Not reported

NJ Spill:

Name:

Not reported

Telephone: Date:

Not reported Not reported

Local Municipality:

Name:

Telephone: Date:

Not reported Not reported

Not reported

N/A

NJ Release NJ Spills

N/A

94-7-1-1152-35

Case Number: RICH Operator:

Nature of Incident: Municipal

Facility Type: Commercial

Time of Incident: 11:05

Substance Identity: Known

TCPA Chemical: No

CAS Number: Not reported

Ref. Code:

101 Estimate

Release VE:

Contained: Yes

Facility Evacuation: No

Public Evacuation: No

Firemen at Scene: Yes Receiving Water: Not reported

Title:

CAMDEN CNTY COMM

Title:

MARTEE CONTRACTORS Not reported

Telephone:

Company:

609-861-5000

Title:

Not reported Not reported -

Time:

Municipality Title:

Not reported

Time:

ON 36TH ST AT (Continued)

EDR ID Number EPA ID Number

S102206412

Other:

Site

Name: Telephone: Not reported Not reported

Date:

Not reported

Incident:

Name: Region:

Not reported **BFO-CAS** 07/01/1994

Date: ITM:

Incident Description:

Wind Direction/Speed:

Assistance Requested: Date A310 Letter Printed:

Date Local Authority Was Notified: Date Update:

Date Report Faxed to Local Authority: Local Authority Notification Date 1: Local Authority Notification Date 2:

Local Authority Notification Date 3:

Status at Spill:

Comments: Not reported

NJ Spill:

Facility ID:

11631 Date Received: 07/01/1994 Location: Other Facility Phone: Not reported Date of Incident: 07/01/1994 Substance(s): OIL HYDRAULIC

Liquid Substance Type: A310 Letter: No Hazrds Material: Yes

COMU: 0408 Amnt Released: 10 GAL Release Type: Terminated

Injuries: No Public Exposure: No Police at Scene: Yes Contamination of: Land

Caller:

Name:

DISP 16 FOR CAMDEN, NJ

Address: Phone:

609-757-7500

Responsible Party:

Name: Contact: Known Not reported WOODBINE, NJ

Address: County:

Not reported

NJ Spill:

Name:

Not reported Phone: Not reported Date: Not reported

Local Municipality:

Name:

Not reported Not reported Phone:

Date:

Not reported

Title:

Not reported

Time:

Not reported

Referred To: Telephone: Incident Time: **DRPSR** Faxed, Mailed

Not reported

Spill

Not reported No

Not reported Not reported

Not reported Not reported

Not reported Not reported

Not reported

SPILL ON ROAD FROM BLOWN HOSE ON TRUCK, CLEANUP BY CNTY H.D. WHO ARE ON

SCENE

Case Number:

94-7-1-1152-35 RICH Operator:

Nature of Incident: Municipal Facility Type:

Commercial 11:05

Time of Incident:

Substance Identity: Known TCPA Chemical: No

CAS Number: Not reported Ref. Code: 101 Release VE: **Estimate** Contained: Yes

Facility Evacuation: No Public Evacuation: No Firemen at Scene: Yes

Receiving Water: Not reported

Title:

CAMDEN CNTY COMM

MARTEE CONTRACTORS

Company: Title:

Not reported

Phone:

609-861-5000

Title:

Not reported

Time:

Not reported

Title:

Not reported

Time:

EDR ID Number Database(s) Site **EPA ID Number**

ON 36TH ST AT (Continued)

S102206412

Other:

Name:

Not reported Not reported

Phone: Date:

Not reported

Incident:

Name: Region: Not reported BFO-CAS 07/01/1994

Date: ITM:

Incident Description:

Wind Direction/Speed: Assistance Requested:

Date A310 Letter Printed: Date Local Authority Was Notified:

Date Update: Date Report Faxed to Local Authority:

Local Authority Notification Date 1: Local Authority Notification Date 2:

Local Authority Notification Date 3: Status at Spill:

SCENE Comments: Not reported Title:

Not reported

Time:

Not reported

Referred To: Telephone: Incident Time: DRPSR Faxed, Mailed Not reported

Spill Not reported No

Not reported Not reported

Not reported Not reported

Not reported Not reported Not reported

SPILL ON ROAD FROM BLOWN HOSE ON TRUCK, CLEANUP BY CNTY H.D. WHO ARE ON

4047

ON ROADWAY BTN 27TH & 36TH ST **RIVER RD** CAMDEN, NJ

NJ Release NJ Spills

S102192014 N/A

NJ Release:

Facility ID: Date Received:

03/18/1993 Location: Other Facility Phone: Not reported Date of Incident: 03/18/1993

Substance(s): OIL LIKE SUBSTANCE

Substance Type: Liquid A310 Letter: No Hazrds Material: Yes COMU: 0408

Amnt Released: LESS 100 GAL Release Type: Terminated Injuries: No

Public Exposure: No Police at Scene: Yes Contamination of: Land

Caller:

Name: Address: Telephone: **DISP 16** Not reported Not reported

Responsible Party:

Name: UnKnown Contact: Not reported Address: Not reported County: Not reported

NJ Spill:

Name: Not reported Telephone: Not reported Date: Not reported

Local Municipality:

Case Number:

93-3-18-1552-14

DAVE Operator: Nature of Incident: Municipal Facility Type: Residential Time of Incident: 14:53

Substance Identity: Known TCPA Chemical: No

CAS Number: Not reported Ref. Code: 101

Release VE: **Estimate** Contained: Yes Facility Evacuation: No Public Evacuation: No Firemen at Scene: Yes Receiving Water: Not reported

Title:

CAMDEN CTY COMM

Company:

Not reported Title: Not reported

Telephone:

Not reported

Title:

Not reported

Time:

S102192014

ON DO 4 DU 4 4 4	DELL GETTLE A	00TH 0T	/A
ON ROADWAY	BIN 2/IH &	361H ST	(Continued)

Name: Not reported Telephone: Not reported Date: Not reported

Other:

Name: Telephone: Date:

Not reported Not reported Not reported

Incident:

Name: Not reported Region: **BFO-SA** Date: 03/18/1993

ITM:

Incident Description: Wind Direction/Speed:

Assistance Requested: .

Date A310 Letter Printed: Date Local Authority Was Notified: Date Update:

Date Report Faxed to Local Authority: Local Authority Notification Date 1: Local Authority Notification Date 2:

Local Authority Notification Date 3:

Status at Spill: Comments:

Not reported SPILL DUE UNK CAUSE. LOCAL HD DOING CLEANUP.

Spill

No

Not reported

NJ Spill:

Facility ID: 4047 Date Received: 03/18/1993 Location: Other Facility Phone: Not reported 03/18/1993

Date of Incident: Substance(s):

OIL LIKE SUBSTANCE

Substance Type: Liquid A310 Letter: No Hazrds Material: Yes COMÚ: 0408 LESS 100 GAL Amnt Released: Terminated

Release Type: Injuries: No Public Exposure: No Police at Scene: Yes Contamination of: Land

Caller:

Name: Address:

DISP 16 Not reported Not reported

Phone: Responsible Party:

Name: UnKnown Contact: Not reported Address: Not reported County: Not reported

NJ Spill:

Name: Not reported Phone: Not reported Date: Not reported

Local Municipality:

Name:

Not reported

Municipality Title: Not reported

Time:

Not reported

Title:

Not reported

Time:

Not reported

Referred To: Telephone: Incident Time: DRPSR Not reported Not reported

Case Number:

93-3-18-1552-14 DAVE Operator: Nature of Incident: Municipal Facility Type: Residential Time of Incident: 14:53

Substance Identity: Known TCPA Chemical: No

CAS Number: Not reported Ref. Code: 101 Release VE: **Estimate** Contained: Yes

Facility Evacuation: No Public Evacuation: No Firemen at Scene: Yes Receiving Water: Not reported

Title:

CAMDEN CTY COMM

Company: Title:

Not reported Not reported

Phone:

Not reported

Title:

Not reported

Time:

Not reported

Title:

EDR ID Number EPA ID Number

ON ROADWAY BTN 27TH & 36TH ST (Continued)

S102192014

S102210732

N/A

Phone:

Not reported `

Date:

Not reported

Other: Name:

Not reported Not reported Not reported

Phone: Date:

Incident:

Name: Region: Date:

Not reported BFO-SA 03/18/1993

ITM:

Incident Description:

Assistance Requested: Date A310 Letter Printed:

Date Local Authority Was Notified: Date Update:

Date Report Faxed to Local Authority: Not reported Local Authority Notification Date 1:

Local Authority Notification Date 2: Local Authority Notification Date 3: Status at Spill:

Comments:

Not reported

Time:

Not reported

Title:

Not reported

Time:

Not reported

Referred To: Telephone:

DRPSR Not reported

Incident Time:

Not reported

Wind Direction/Speed:

Spill Not reported

No Not reported

Not reported Not reported

Not reported

Not reported Not reported

SPILL DUE UNK CAUSE. LOCAL HD DOING CLEANUP.

PSE&G CAMDEN GAS PLANT SECOND+SPRUCE STS CAMDEN, NJ

NJ Spill:

Facility ID:

20347 Date Received:

11/16/1994 Location: Facility Facility Phone: 609-573-2062 Date of Incident: 11/16/1994 **OIL WASTE**

Substance(s):

Substance Type: Liquid A310 Letter: No

Hazrds Material: Yes COMU:

0408 Amnt Released: 3-4 GALS Release Type: Terminated

Injuries: No Public Exposure: No Police at Scene: No Contamination of: Land

Caller:

Name: Address: **CLYDE BOBBS**

SECOND+SPRUCE STS CAMDEN, NJ

Phone: 609-573-2062 Responsible Party:

Name:

Known

Contact: Address: **CLYDE BOBBSUPV** SECOND+SPRUCE STS

CAMDEN, NJ CAMDEN

County: NJ Spill:

Name:

Not reported

NJ Spills

NJ Release

Case Number:

94-11-16-0912-00 **ROGER** Operator: Nature of Incident: Facility Facility Type: Industrial Time of Incident: 09:00

Substance Identity: Known TCPA Chemical: No

CAS Number: Not reported

Ref. Code: 101 Release VE: **Estimate** Contained: Yes

Facility Evacuation: No Public Evacuation: No Firemen at Scene: No Receiving Water: NONE

Title:

PSE&G CAMDEN GAS

PSE&G CAMDEN GAS PLA

Company: Title:

PLT SP

Phone:

609-573-2062

Title:

PSE&G CAMDEN GAS PLANT (Continued)

S102210732

EDR ID Number

EPA ID Number

Phone: Not reported Date: Not reported

Local Municipality:

Time:

Not reported

Name:

CAMDEN CITY 609-757-7400

Title:

Not reported

Phone: Date:

11/16/1994

Time:

Not reported

Other: Name:

Site

Not reported Not reported

Title:

Not reported

Phone: Date:

Not reported

Time:

Not reported

Incident:

Name: Region: Date:

Not reported **BFO-CAS** 11/16/1994

Referred To: Telephone: Incident Time: **DRPSR** Faxed, Mailed Not reported

ITM:

Incident Description: Wind Direction/Speed:

Spill

Not reported

Assistance Requested:

No

Date A310 Letter Printed: Date Local Authority Was Notified:

Not reported Not reported Not reported

Date Update: Date Report Faxed to Local Authority:

Not reported Not reported

Local Authority Notification Date 1: Local Authority Notification Date 2:

Not reported Not reported

Local Authority Notification Date 3: Status at Spill:

THIS IS A DRILL!!!! 1-55 GAL DRUM LEAKING MATERIAL IS CONTAINED AND

BEING CLEANED UP.

Comments:

---THIS IS A

DRILL----

PAVONIA RAIL YARD 27 / SHERMAN CAMDEN, NJ

NJ Release

S102193547 N/A

NJ Release:

Location:

Facility ID: Date Received:

Facility Phone:

7135

04/30/1993 Facility

Not reported 04/30/1993

Date of Incident: Substance(s):

DIETHYLHYDROXYLAMINE

Substance Type: Liquid A310 Letter: Hazrds Material: COMU:

Yes 0408 80 GAL

Intermittent

Yes

Amnt Released: Release Type: Injuries:

Public Exposure: No Police at Scene: No Contamination of: Land

Caller:

Name: Address:

SKIP ELLIOTT

27 & SHERMAN ST CAMDEN, NJ

609-231-7055

Telephone: Responsible Party: Name:

Known

NJ Spills

93-4-30-1437-48 Case Number:

DAVE Operator: Nature of Incident: Other Facility Type: Industrial Time of Incident: 13:55

Substance Identity: Known TCPA Chemical: No

CAS Number: Ref. Code:

3710847 101 Release VE: Potential

Contained: Yes Facility Evacuation: No Public Evacuation: No Firemen at Scene: No

Receiving Water: Not reported

Title:

CONRAIL

Company:

ELF AUTOCHEM N.A.

EDR ID Number EPA ID Number

PAVONIA RAIL YARD (Continued)

Contact: Address:

RIVERVIEW, NJ

County:

MICHIGAN

Not reported

NJ Spill: Name:

Not reported

Telephone: Date:

Not reported Not reported

Local Municipality:

Name:

CAMDEN CITY 609-757-7400

Telephone: Date:

04/30/1993

Other:

Name:

Not reported Telephone: Not reported

Date:

Not reported Incident:

Name:

Not reported Region: **BFO-SA**

Date: ITM:

04/30/1993

Incident Description:

Wind Direction/Speed:

Assistance Requested: Date A310 Letter Printed:

Date Local Authority Was Notified:

Date Update:

Date Report Faxed to Local Authority: Not reported Local Authority Notification Date 1:

Local Authority Notification Date 2: Local Authority Notification Date 3:

Status at Spill:

Comments:

NJ Spill:

Facility ID: 7135 Date Received: 04/30/1993 Location: Facility

Facility Phone: Date of Incident:

Substance(s):

Substance Type: A310 Letter: Yes Hazrds Material:

COMU: 0408 Amnt Released:

Release Type: Injuries: Public Exposure: No

Contamination of: Land

Name: Address:

27 & SHERMAN ST

CAMDEN, NJ

Phone: Responsible Party:

S102193547

Title:

Not reported

Telephone:

Not reported

Title:

Not reported

Time:

Not reported

Municipality Title:

Time:

14:44

759

Title:

Not reported

Time:

Not reported

Referred To: Telephone:

DRPSR Not reported Not reported

Incident Time:

93-4-30-1437-48

DAVE

13:55

No

101

Yes

Industrial

3710847

Potential

SPILL DUE TO LEAKING CONTAINER ON RAIL CAR, CONRAIL HAS CONTRACTOR

Case Number:

Facility Type:

Time of Incident:

TCPA Chemical:

CAS Number:

Ref. Code:

Contained:

Release VE:

Nature of Incident: Other

Substance Identity: Known

Facility Evacuation: No

Public Evacuation: No

Firemen at Scene: No

Receiving Water:

Operator:

ENROUTE TO DO CLEANUP.

Spill

No

Not reported

04/30/1993

DIETHYLHYDROXYLAMINE

Liquid

Yes 80 GAL

Intermittent

Police at Scene: No

Caller:

SKIP ELLIOTT

609-231-7055

Title:

CONRAIL

Site

Database(s)

EDR ID Number EPA ID Number

PAVONIA RAIL YARD (Continued)

S102193547

Name: Contact:

Known Not reported RIVERVIEW, NJ

Address: County:

MICHIGAN

NJ Spill:

Name: Phone: Date:

Not reported Not reported Not reported

Local Municipality:

Name: Phone: **CAMDEN CITY** 609-757-7400 04/30/1993

Date: Other:

Name: Phone: Not reported Not reported Not reported

Date: Incident:

Name: Region: Date:

Not reported **BFO-SA** 04/30/1993

ITM: Incident Description:

Wind Direction/Speed: Assistance Requested:

Date A310 Letter Printed: Date Local Authority Was Notified: Date Update:

Date Report Faxed to Local Authority: Not reported Local Authority Notification Date 1:

Local Authority Notification Date 2: Local Authority Notification Date 3:

Status at Spill:

Not reported SPILL DUE TO LEAKING CONTAINER ON RAIL CAR, CONRAIL HAS CONTRACTOR

ENROUTE TO DO CLEANUP.

Spill

No

Not reported

Not reported

Not reported

Not reported

Not reported

Not reported

Comments:

Not reported

ONE POLE NORTH 26TH ST ON EAST SIDE WAYNE ST CAMDEN, NJ

NJ Release:

Facility ID: Date Received:

06/26/1995 Other Facility Phone: Not reported

Date of Incident: Substance(s):

Substance Type: Liquid A310 Letter: Yes Hazrds Material: Yes COMU: 0408 Amnt Released: 1 QT Release Type: Terminated

Injuries: No Public Exposure: No Police at Scene: No Contamination of: Land

Caller:

Name:

BURDETTE JOHNSON

Company:

ELF AUTOCHEM N.A. Not reported

Title: Phone:

Not reported

Title:

Not reported

Time:

Not reported

Title:

759

Time:

14:44

Title:

Not reported

Time:

Not reported

Referred To: Telephone:

DRPSR Not reported Not reported

Incident Time:

NJ Release NJ Spills

95-6-26-2216-54

DIANNE

22:00

No

Residential

S102217001 N/A

Location:

9834

06/26/1995

OIL TRANSFORMER UNK PCB

TCPA Chemical: CAS Number: Ref. Code: Release VE:

Case Number:

Facility Type:

Time of Incident:

Nature of Incident: Facility

Substance Identity: Known

Operator:

Not reported 101 **Estimate** Contained: Yes Facility, Evacuation: No Public Evacuation: No Firemen at Scene: No Not reported

Receiving Water:

Title:

PSE&G COMPANY

EDR ID Number EPA ID Number

S102217001

ONE POLE NORTH 26TH ST ON (Continued)

Address:

4140 QUAKERBRIDGE RD

LAWRENCEVILLE, NJ

Telephone:

609-896-1073

Responsible Party:

Name: Contact: Known **BURDETTE JOHNSON**

Address:

4140 QUAKERBRIDGE RD

LAWRENCEVILLE, NJ **MERCER**

County: Name:

NJ Spill:

Not reported Not reported

Telephone: Date:

Not reported

Local Municipality:

Name: Telephone: **CAMDEN CITY** 609-757-7400

Date:

06/26/1995

Other:

Name: Not reported Telephone:

Date:

Not reported Not reported

Incident:

Name: Not reported Region: **BFO-CAS** 06/26/1995 Date: ITM:

Incident Description:

Wind Direction/Speed: Assistance Requested:

Date A310 Letter Printed: Date Local Authority Was Notified:

Not reported Date Update: Not reported Date Report Faxed to Local Authority: Not reported Local Authority Notification Date 1: Not reported

Local Authority Notification Date 2: Local Authority Notification Date 3:

Status at Spill: COMPANY.

Comments:

Not reported

NJ Spill:

Facility ID: 9834 Date Received: 06/26/1995 Location: Other Facility Phone: Not reported 06/26/1995

Date of Incident: Substance(s):

OIL TRANSFORMER UNK PCB

Substance Type: Liquid A310 Letter: Yes Hazrds Material: Yes COMU: 0408 Amnt Released: 1 QT Release Type: Terminated

Injuries: No Public Exposure: No Police at Scene: No Contamination of: Land

Spill

No

Not reported

Not reported

Company:

PSE&G COMPANY

Title: DISPATCHER

Telephone:

609-896-1073

Title:

Not reported

Time:

Not reported

Municipality Title:

SGT. THOMPSON

Time:

22:21

Title:

Not reported

Time:

Not reported

Referred To: Telephone: Incident Time: DRPSR Faxed, Mailed Not reported

Not reported Not reported SPILL DUE TO LEAKING TRANSFORMER. CLEAN UP BEING COMPLETED BY PSE&G

Case Number: 95-6-26-2216-54 DIANNE Operator: Nature of Incident: Facility Residential

Facility Type: Time of Incident: 22:00

Substance Identity: Known TCPA Chemical: No Not reported

CAS Number: Ref. Code: Release VE:

101 Estimate Yes

Contained: Facility Evacuation: No Public Evacuation: No Firemen at Scene: No

Receiving Water: Not reported

Title:

Title:

Phone:

Title:

Time:

Title:

Time:

Title:

Time:

Referred To:

Incident Time:

Telephone:

Company:

Database(s) Site

ONE POLE NORTH 26TH ST ON (Continued)

S102217001

PSE&G COMPANY

PSE&G COMPANY

DISPATCHER

609-896-1073

Not reported

Not reported

Not reported

Not reported

Faxed, Mailed

Not reported

DRPSR

22:21

SGT. THOMPSON

EDR ID Number

EPA ID Number

Caller:

Name:

BURDETTE JOHNSON

Address:

4140 QUAKERBRIDGE RD

LAWRENCEVILLE, NJ

Phone:

609-896-1073 Known

Responsible Party: Name:

Contact: Address:

BURDETTE JOHNSON

4140 QUAKERBRIDGE RD LAWRENCEVILLE, NJ

County:

MERCER

NJ Spill:

Name: Phone:

Not reported Not reported Not reported

Local Municipality:

Name: Phone:

Date:

CAMDEN CITY 609-757-7400

Date:

06/26/1995

Other:

Name: Not reported Phone: Not reported

Date:

Not reported

Incident: Name:

Not reported **BFO-CAS** Region: Date: 06/26/1995

ITM:

Incident Description:

Wind Direction/Speed:

Not reported Assistance Requested: No

Spill

Not reported

Date A310 Letter Printed: Date Local Authority Was Notified:

Not reported Date Update: Not reported Date Report Faxed to Local Authority: Not reported

Local Authority Notification Date 1:

Not reported Local Authority Notification Date 2: Not reported Local Authority Notification Date 3: Not reported

Status at Spill:

SPILL DUE TO LEAKING TRANSFORMER. CLEAN UP BEING COMPLETED BY PSE&G

COMPANY.

Comments:

Not reported

P.S.E.& G. CAMDEN GAS PLANT 2ND + SPRUCE ST CAMDEN, NJ

NJ Release:

Facility ID: Date Received: Location:

11/29/1993 Facility

20073

Facility Phone: 609-573-2062 Date of Incident: 11/29/1993

Substance(s): **OIL WASTE** Substance Type: Liquid

A310 Letter: No Hazrds Material:

Yes COMU: 0408 Amnt Released: 4-5 GAL Case Number:

93-11-29-0939-26 **JOYCE**

Operator: Nature of Incident: Facility Facility Type: Time of Incident:

Industrial 09:10

Substance Identity: Known TCPA Chemical: No

CAS Number: Ref. Code:

Not reported 101

Release VE:

Estimate

TC465843.1p Page 131 of 193

NJ Release

NJ Spills

S102199906

N/A

P.S.E.& G. CAMDEN GAS PLANT (Continued)

S102199906

Release Type:

Terminated

Injuries:

No

Public Exposure: No Police at Scene: No

Contamination of: Land

Caller:

Name:

CLYDE BADD

609-573-2062

Address:

2000 FRANK E.ROGERS HARRISON, NJ

Telephone:

Responsible Party:

Name: Contact: Known **CLYDE BADD**

Address:

2000 FRANK E.ROGERS

HARRISON, NJ

County: NJ Spill:

Not reported

Name:

Telephone: /

Not reported Not reported Not reported

Date: Local Municipality:

Name: Telephone:

CAMDEN CITY 609-757-7400 11/29/1993

Date: Name:

Other:

Telephone: Date:

Not reported Not reported Not reported

Incident:

Name: Region: Not reported BFO-SA 11/29/1993

Date: ITM:

Incident Description:

Wind Direction/Speed:

Assistance Requested:

Date A310 Letter Printed:

Date Local Authority Was Notified:

Date Update:

Date Report Faxed to Local Authority: Local Authority Notification Date 1:

Local Authority Notification Date 2:

Local Authority Notification Date 3:

Status at Spill:

THIS IS A DRILL-----LEAKING 55 GAL DRUM, CLEANUP COMPLETED. DRUM ROLL USED TO SEAL DRUM AND DRUM WAS PUT INTO OVERPACK-----THIS IS

A DRILL ----THIS IS A

Spill

No

Not reported

Comments:

DRILL-----

NJ Spill:

Facility ID:

Date Received:

Location: Facility Phone:

Date of Incident: Substance(s):

Substance Type: Liquid

20073 11/29/1993

Facility

609-573-2062

11/29/1993 OIL WASTE Contained:

Facility Evacuation: No Public Evacuation: No Firemen at Scene: No

Receiving Water: Not reported

Title:

P.S.E.& G.

Company:

P.S.E.& G. PLANT SUPV.

Title:

Telephone:

609-573-2062

Not reported

Title: Time:

Not reported

Municipality Title:

Not reported

Time:

Not reported

Title:

Not reported

Time:

Not reported

Referred To: Telephone:

DRPSR Faxed, Mailed Not reported

Incident Time:

Operator:

Case Number: 93-11-29-0939-26 JOYCE

Nature of Incident: Facility Facility Type:

Industrial 09:10

Time of Incident:

Substance Identity: Known

S102199906

PSF&	G	CAMDEN	GAS PI	ANT	(Continued)
F.J.L.Q	u.	CHIVIDLIA	UAS FL		100111111111111111111111111111111111111

TCPA Chemical: .No

P.S.E.& G.

609-573-2062

A310 Letter: No Hazrds Material: CAS Number: Yes

Not reported 0408 Ref. Code: COMU: 101

Amnt Released: 4-5 GAL Release VE: Estimate Release Type: Terminated Contained: Yes

Injuries: Facility Evacuation: No No Public Exposure: No Public Evacuation: No Police at Scene: No Firemen at Scene: No

Contamination of: Land Receiving Water: Not reported

Caller:

Name: **CLYDE BADD** Title:

Address: 2000 FRANK E.ROGERS

HARRISON, NJ

609-573-2062 Phone:

Responsible Party:

Date A310 Letter Printed:

Local Authority Notification Date 1:

Name: Known Company: P.S.E.& G. Contact: **CLYDE BADD**

Title: PLANT SUPV.

Phone:

2000 FRANK E.ROGERS Address:

HARRISON, NJ

County: Not reported NJ Spill:

Name: Not reported Not reported Title:

Phone: Not reported Date: Not reported Time:

Not reported Local Municipality:

CAMDEN CITY Name: Title: Not reported Phone: 609-757-7400

Date: 11/29/1993 Time: Not reported Other:

Name: Not reported Title: Not reported Phone: Not reported

Date: Not reported Time: Not reported Incident:

Not reported Referred To: DRPSR Name: Region: **BFO-SA** Telephone: Faxed, Mailed Date: 11/29/1993

Incident Time: Not reported ITM:

Incident Description: Spill Wind Direction/Speed: Not reported Assistance Requested: No

Not reported Date Local Authority Was Notified: Not reported Date Update: Not reported Not reported Date Report Faxed to Local Authority:

Not reported

Local Authority Notification Date 2: Not reported Local Authority Notification Date 3: Not reported Status at Spill: THIS IS A DRILL-----LEAKING 55 GAL DRUM, CLEANUP COMPLETED. DRUM

ROLL USED TO SEAL DRUM AND DRUM WAS PUT INTO OVERPACK-----THIS IS

A DRILL Comments:

DRILL-

EDR ID Number **EPA ID Number**

DECORATED PAPER CO 925 8TH ST CAMDEN, NJ

NJ Release NJ Spills

S102190558 N/A

NJ Release:

Facility ID: Date Received:

1022 01/21/1993

Location:

Facility 609-365-4200

Facility Phone: Date of Incident: Substance(s):

01/21/1993 **WASTE INKS**

NITROCELLULOSE

Substance Type: Gas A310 Letter:

Yes Hazrds Material: Yes COMU: 0408 3 LBS

Amnt Released: Release Type:

Terminated

Injuries: Public Exposure: Yes Police at Scene: Yes Contamination of: Air.Land

Caller:

Name: TERRANCE KELLY

Address:

925 8TH ST

CAMDEN, NJ 609-365-4200

Telephone: Responsible Party:

Name: Contact: Known TERRANCE KELLY

Address:

925 8TH ST CAMDEN, NJ

County:

CAMDEN

NJ Spill:

Name:

OEM 609-882-2000

Telephone: Date:

01/21/1993

Local Municipality:

Name: Telephone:

CAMDEN CITY 609-757-7400

Date:

01/21/1993

Other:

Name: Telephone: Not reported Not reported Not reported

Date:

Incident: Name:

R. SCHRADER

Region: Date:

ER2 01/21/1993

ITM:

Incident Description: Wind Direction/Speed: Assistance Requested:

Date A310 Letter Printed: Date Local Authority Was Notified: Date Update:

Date Report Faxed to Local Authority: Local Authority Notification Date 1: Local Authority Notification Date 2:

Not reported Not reported Not reported Not reported

Air Release

Not reported

Not reported

Not reported

No

Case Number:

93-1-21-1714-28

Operator:

JOYCE Nature of Incident: Facility Industrial

Facility Type: Time of Incident:

16:00

Substance Identity: Known TCPA Chemical: CAS Number:

No 9004700 Ref. Code: 002 Estimate

Release VE: Contained:

No Facility Evacuation: No Public Evacuation: No Firemen at Scene: Yes

Receiving Water: Not reported

Title:

DECORATED PAPER CO

Company: Title:

DECORATED PAPER CO

OWNER

Telephone:

609-365-4200

Title:

TR. TROUT

Time:

17:25

Municipality Title:

DISP #726

Time:

17:22

Title:

Not reported

Time:

Not reported

Referred To:

DRPSR

Telephone: ~ Incident Time: Paged.Faxed 17:31

EDR ID Number EPA ID Number

Site

DECORATED PAPER CO (Continued)

S102190558

Local Authority Notification Date 3: Not reported

Status at Spill: LOW HEAT REACTION WITH SLIGHT PREASSURE BUILDUP INSIDE DISTILLING

VESSEL, CAUSED RELEASE THROUGH PREASSURE VALVE OUTSIDE. RELEASE

TERMINATED 1615HRS.

Comments: Not reported

NJ Spill:

Facility ID: 1022
Date Received: 01/21/1993
Location: Facility

Facility Phone: 609-365-4200 Date of Incident: 01/21/1993

Substance(s):

WASTE INKS

NITROCELLULOSE

Substance Type: Gas
A310 Letter: Yes
Hazrds Material: Yes
COMU: 0408
Amnt Released: 3 LBS
Release Type: Terminated

Injuries: No
Public Exposure: Yes
Police at Scene: Yes
Contamination of: Air Land

Caller: Name:

TERRANCE KELLY

Address: 925 8TH ST

CAMDEN, NJ 609-365-4200

Phone: 60

Responsible Party:

Name: Contact: Known
TERRANCE KELLY

Address: 925 8TH ST CAMDEN, NJ

County: CAMDEN

NJ Spill:

Name: OEM

Phone: 609-882-2000 Date: 01/21/1993

Local Municipality:

Name: Phone: CAMDEN CITY 609-757-7400

Date: Other: 01/21/1993

Miler.

Name: Not reported
Phone: Not reported
Date: Not reported

Date: Incident:

Name: R. SCHRADER

Region: Date:

ER2 01/21/1993

ITM: B
Incident Description:
Wind Direction/Speed:

Air Release Not reported No

Assistance Requested:
Date A310 Letter Printed:

Not reported

Date Local Authority Was Notified:

Not reported

Case Number: 93-1-21-1714-28

Operator: JOYCE
Nature of Incident: Facility
Facility Type: Industrial
Time of Incident: 16:00

Substance Identity: Known
TCPA Chemical: No
CAS Number: 9004700
Ref. Code: 002
Release VE: Estimate
Contained: No
Facility Evacuation: No

Facility Evacuation: No Public Evacuation: No Firemen at Scene: Yes

Receiving Water: Not reported

Title:

DECORATED PAPER CO

Company:

DECORATED PAPER CO

Title: OWNER

Phone:

609-365-4200

Title:

TR. TROUT

Time:

17:25

Title:

•

mue.

DISP #726

Time:

17:22

Title:

Not reported

Time:

Not reported

Referred To: Telephone: Incident Time: DRPSR Paged,Faxed

EDR ID Number Database(s) **EPA ID Number**

DECORATED PAPER CO (Continued)

S102190558

Date Update:

Site

Not reported

Date Report Faxed to Local Authority: Not reported

Local Authority Notification Date 1:

Not reported

Local Authority Notification Date 2:

Local Authority Notification Date 3:

Not reported

Status at Spill:

Not reported

LOW HEAT REACTION WITH SLIGHT PREASSURE BUILDUP INSIDE DISTILLING

VESSEL, CAUSED RELEASE THROUGH PREASSURE VALVE OUTSIDE. RELEASE

TERMINATED 1615HRS.

Comments:

Not reported

RECYCLE PLACE ON 450 37TH ST CAMDEN, NJ

S102191324 **NJ Release NJ** Spills N/A

NJ Release:

Location:

Facility ID: Date Received: 2637

02/22/1993

Facility

Not reported

Facility Phone: Date of Incident: 02/22/1993

Substance(s):

UNKNOWN LIQUID

Substance Type: Liquid

A310 Letter:

No Unknown

Hazrds Material: COMU:

0427

Amnt Released:

UNK

Release Type: Injuries:

Continuous No

Public Exposure: Yes

Police at Scene: Yes

Contamination of: Land, Water

Caller:

Name:

MARYANN KLOTZ

Address: Telephone: Not reported 609-663-1234

Responsible Party:

Name: Contact:

UnKnown Not reported

Address: County:

Not reported Not reported

NJ Spill: Name:

Not reported .-

Telephone:

Not reported

Date:

Not reported

Local Municipality:

Name:

Not reported

Telephone:

Not reported

Date:

Not reported

Other:

Name: Telephone: Not reported

Date:

Not reported Not reported

Incident:

Name:

B WINTERBURN

Region:

ER2 02/22/1993

Date: ITM:

Name:

Not reported

Case Number:

93-2-22-1255-00 RICH

Operator:

Nature of Incident: Municipal

Facility Type:

Industrial

Time of Incident:

12:20

Substance Identity: Known TCPA Chemical: Unknown

CAS Number:

Not reported

Ref. Code: Release VE:

002 Not reported

Contained:

No Facility Evacuation: No

Public Evacuation: No

Firemen at Scene: No

Receiving Water: **DELAWARE RIVER**

Title:

PENNSAUKEN PD

Company:

Title:

Not reported Not reported

Telephone:

Not reported

Title:

Not reported

Time:

Not reported

Municipality Title:

Not reported

Time: Title:

Not reported Not reported

Time:

Not reported

Referred To: Telephone:

DRPSR Office 13:00

Incident Time: Referred To:

OEP

EDR ID Number EPA ID Number

RECYCLE PLACE ON (Continued)

S102191324

Region:

Monitorina 02/22/1993

Date: ITM:

Site

Т

Name:

Not reported

Region: Date:

HQ1 02/22/1993

ITM:

Incident Description:

Wind Direction/Speed:

Assistance Requested: Date A310 Letter Printed:

Date Local Authority Was Notified: Date Update:

Date Report Faxed to Local Authority:

Local Authority Notification Date 1: Local Authority Notification Date 2:

Local Authority Notification Date 3:

Status at Spill:

Comments:

NJ Spill:

Facility ID: Date Received:

Location: **Facility** Facility Phone: Not reported Date of Incident: 02/22/1993

Substance(s): Substance Type:

Liquid A310 Letter: No

Hazrds Material: COMU: 0427 Amnt Released: UNK

Release Type: Injuries: No Public Exposure: Yes Police at Scene: Yes

Contamination of: Land, Water

Caller:

Phone:

Name: Address:

Not reported 609-663-1234

MARYANN KLOTZ

Responsible Party:

UnKnown Name: Contact: Not reported Not reported Address: County: Not reported

NJ Spill:

Name: Not reported Phone: Not reported Date: Not reported

Local Municipality:

Name: Not reported Phone: Not reported Date: Not reported

Other:

Name: Not reported Telephone:

Faxed Not reported Incident Time:

Referred To: Telephone:

DFG Faxed Incident Time:

Not reported

93-2-22-1255-00

RICH

12:20

002

No

Industrial

Unknown

Not reported

Not reported

Spill Not reported

Yes

Not reported

Not reported Not reported

Not reported

Not reported Not reported

Not reported LARGE CONTAINER AT FACILITY LEAKING LARGE AMOUNT PCB MATERIAL RUNNING

DOWN STREET TOWARD RIVER.

Not reported

Case Number:

2637 02/22/1993 Operator: Nature of Incident: Municipal Facility Type: Time of Incident:

UNKNOWN LIQUID

Substance Identity: Known TCPA Chemical: Unknown CAS Number: Ref. Code:

Release VE: Contained: Continuous

Facility Evacuation: No Public Evacuation: No Firemen at Scene: No

Receiving Water: DELAWARE RIVER

Title: PENNSAUKEN PD

Company:

Not reported Not reported

Phone:

Not reported

Title:

Title:

Not reported

Time:

Not reported

Title:

Not reported

Time: Title:

Not reported Not reported

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EDR ID Number EPA ID Number

RECYCLE PLACE ON (Continued)

S102191324

Phone:

Not reported

Date:

Not reported

Time:

Not reported

Incident: Name:

Region:

B WINTERBURN ER2

Referred To:

DRPSR

Date:

02/22/1993

Telephone: Incident Time: Office 13:00

ITM: Name: Region:

Not reported Monitorina

Referred To: Telephone: Incident Time: OEP

Not reported Not reported

Date: ITM: Name: 02/22/1993

Not reported -HQ1

Referred To: Telephone: Incident Time:

OEP Faxed

Not reported

Region: Date: ITM:

02/22/1993

Incident Description: Wind Direction/Speed: Spill

Not reported

Assistance Requested: Date A310 Letter Printed: Yes Not reported

Date Local Authority Was Notified: Date Update: Date Report Faxed to Local Authority:

Not reported Not reported Not reported Not reported

Local Authority Notification Date 1: Local Authority Notification Date 2: Local Authority Notification Date 3:

Not reported Not reported

Status at Spill:

LARGE CONTAINER AT FACILITY LEAKING LARGE AMOUNT PCB MATERIAL RUNNING

DOWN STREET TOWARD RIVER.

Comments:

Not reported

COLLEGE CAMPUS 4TH ST-LAWRENCE ST CAMDEN, NJ

NJ Release NJ Spills

S102205575 N/A

NJ Release:

Facility ID: Date Received: Location:

9866

06/07/1994 Facility

Facility Phone: 609-338-9652 Date of Incident: 06/07/1994

Substance(s): OIL FUEL Substance Type: Liquid

A310 Letter: Yes Hazrds Material: Yes COMU: 0408

10-15 GAL Amnt Released: Release Type: Terminated

Injuries: Public Exposure: No Police at Scene: No Contamination of: Land

Caller:

Name: Address: **BOB ADRAMO** PO BOX 699

CAMDEN, NJ 609-338-9652

Telephone: Responsible Party:

Name: Contact:

Known **BOB ADRAMO** Case Number:

94-6-7-1608-17 Operator: DIANNE Nature of Incident: Facility Facility Type: Commercial 15:00

Time of Incident:

Substance Identity: Known TCPA Chemical: No

CAS Number: Ref. Code:

Not reported 101

Release VE: Contained:

Estimate Yes Facility Evacuation: No Public Evacuation: No Firemen at Scene: No

Receiving Water: Not reported

Title:

RUTGERS UNIV

Company:

COLLEGE CAMPUS

Title:

FIELD OPR.

609-338-9652

Not reported

Not reported

OPR. #702

Not reported

Not reported

Faxed, Mailed

Not reported

DRPSR

16:46

COLLEGE CAMPUS (Continued)

S102205575

Address:

4TH ST-LAWRENCE ST

CAMDEN, NJ

County:

CAMDEN

NJ Spill: Name:

Not reported Not reported

Telephone: Date:

Not reported

Local Municipality:

Name:

CAMDEN CITY 609-757-7400

Telephone: Date:

06/07/1994

Other:

Name: Not reported Telephone: Not reported

Date:

Not reported

Incident:

Name: Not reported Region: **BFO-CAS**

Date: ITM:

06/07/1994

Incident Description:

Spill

Wind Direction/Speed: Assistance Requested: Not reported

Date A310 Letter Printed:

No 06/07/1994

Date Local Authority Was Notified: Date Update:

Not reported Not reported 06/07/1994

Date Report Faxed to Local Authority: Local Authority Notification Date 1: Local Authority Notification Date 2: Local Authority Notification Date 3:

Not reported Not reported Not reported

Status at Spill:

UST TANK REMOVED, ROLLED DUE TO THE RAIN. LEAKED, CLEAN UP DONE BY ABC

TANK. UST#0092054

Comments:

Not reported

NJ Spill:

Facility ID:

9866 06/07/1994

Date Received: Location: Facility Phone:

Facility 609-338-9652

Date of Incident: Substance(s): Substance Type: Liquid

06/07/1994 OIL FUEL

A310 Letter: Hazrds Material:

Yes Yes

COMU:

0408 10-15 GAL

Amnt Released: Release Type:

Terminated

Injuries: Public Exposure: No Police at Scene:

Contamination of: Land Caller:

Name: Address: **BOB ADRAMO**

PO BOX 699 CAMDEN, NJ

Phone:

609-338-9652

Responsible Party:

Case Number:

Telephone:

Municipality Title:

Title:

Time:

Time:

Title:

Time:

Referred To:

Incident Time:

Telephone:

94-6-7-1608-17

Operator:

DIANNE Nature of Incident: Facility

Facility Type:

Commercial

Time of Incident:

15:00

Substance Identity: Known TCPA Chemical: No

CAS Number:

Not reported

Ref. Code:

Release VE: Contained:

Estimate Yes

Facility Evacuation: No

Public Evacuation: No Firemen at Scene: No

Receiving Water: Not reported

Title:

RUTGERS UNIV

EDR ID Number EPA ID Number

Site

COLLEGE CAMPUS (Continued)

S102205575

Name:

BOB ADRAMO

Contact: Address:

4TH ST-LAWRENCE ST CAMDEN, NJ

County: NJ Spill:

Name: Phone: Date:

Not reported Not reported Not reported

CAMDEN

Local Municipality:

Name: Phone: Date:

CAMDEN CITY 609-757-7400 06/07/1994

Other:

Name: Not reported Phone: Not reported Date: Not reported

Incident:

Not reported Name: Region: **BFO-CAS** 06/07/1994

Date: ITM:

Incident Description: Wind Direction/Speed:

Assistance Requested: Date A310 Letter Printed:

Date Local Authority Was Notified: Date Update: Date Report Faxed to Local Authority:

Local Authority Notification Date 1: Local Authority Notification Date 2:

Local Authority Notification Date 3:

Status at Spill:

Company:

FIELD OPR. Title:

Phone:

609-338-9652

COLLEGE CAMPUS

Title:

Not reported Not reported

Time: Title:

OPR. #702

Time:

16:46

Title:

Not reported

Time:

Not reported

Referred To: Telephone: Incident Time: DRPSR Faxed, Mailed Not reported

Not reported No 06/07/1994

Spill

Not reported Not reported

06/07/1994 Not reported Not reported Not reported

UST TANK REMOVED, ROLLED DUE TO THE RAIN. LEAKED, CLEAN UP DONE BY ABC TANK. UST#0092054

Comments:

AT INTERSECTION OF

10 TH ST/MULFORD RD

Not reported

NJ Release:

CAMDEN, NJ

Facility ID: Date Received:

11677 07/26/1995 Location: Other Facility Phone: Not reported Date of Incident: 07/26/1995 OIL HYDRAULIC Substance(s):

Substance Type: Liquid A310 Letter: Yes Hazrds Material: Yes 0408 COMU: 2 QRTS Amnt Released: Release Type: Terminated

Injuries: Public Exposure: No Police at Scene: No Contamination of: Land

Caller:

Case Number:

95-7-26-1246-31

NJ Release

NJ Spills

S102217987

N/A

Operator: JULÍE1 Nature of Incident: Facility Facility Type: Residential

Time of Incident: 12:15

Substance Identity: Known TCPA Chemical: No Not reported

CAS Number: Ref. Code:

101 Release VE: **Estimate**

Contained: Facility Evacuation: No Public Evacuation: No Firemen at Scene: No Receiving Water: NONE

	ΑT	INTERSECTION OF	(Continued)
--	----	-----------------	-------------

S102217987

Name:

GARY WATSON

Address:

300 NEW ALBANY RD

MORRISTOWN, NJ

Telephone:

609-778-6721

Responsible Party:

Name:

Known

Contact: Address: **GARY WATSON** 300 NEW ALBANY RD

MORRISTOWN, NJ

County:

Not reported

NJ Spill:

Name: Telephone: Not reported Not reported Not reported

Date: Local Municipality:

Name: Telephone:

CAMDEN CITY 609-757-7400 07/26/1995

Date: Other:

Name: Not reported Telephone: Not reported Date: Not reported

Incident:

Name: Not reported Region: **BFO-CAS** 07/26/1995 Date: ITM:

Incident Description:

Wind Direction/Speed: Assistance Requested:

Date A310 Letter Printed:

Date Local Authority Was Notified: Date Update:

Date Report Faxed to Local Authority: Local Authority Notification Date 1:

Local Authority Notification Date 2: Local Authority Notification Date 3:

Status at Spill:

SPILL FROM A MOTOR VEHICLE.CLEAN UP BEING DONE

Comments: CHART D

NJ Spill:

Facility ID: 11677 Date Received: 07/26/1995 Location: Other Facility Phone: Not reported Date of Incident: 07/26/1995 OIL HYDRAULIC Substance(s):

Substance Type: Liquid A310 Letter: Yes Hazrds Material: Yes COMU: 0408 Amnt Released: 2 QRTS Release Type: Terminated

Injuries: Public Exposure: No Police at Scene: No Contamination of: Land Title:

Title:

PSE&G

Company:

PSE&G OPR SUPER

Telephone:

609-778-6721

Title:

Not reported

Time:

Not reported

Municipality Title:

Time:

12:48

OPR 98

Title:

Not reported Not reported

Time:

Referred To: Telephone: Incident Time: DRPSR Faxed, Mailed Not reported

Not reported Not reported

Not reported Not reported Not reported

Not reported

Not reported

Spill 3

No

Not reported

Case Number: Operator:

95-7-26-1246-31 JULIE1

Nature of Incident: Facility Facility Type: Time of Incident:

Residential 12:15

Substance Identity: Known TCPA Chemical: No

CAS Number:

Not reported 101

Ref. Code: Release VE:

Estimate

Contained: Yes Facility Evacuation: No Public Evacuation: No Firemen at Scene: No Receiving Water: NONE Site

Database(s)

EDR ID Number EPA ID Number

AT INTERSECTION OF (Continued)

S102217987

Caller:

Name:

GARY WATSON

Address:

300 NEW ALBANY RD

MORRISTOWN, NJ

Phone:

609-778-6721

Responsible Party:

Name:

Known

Contact: Address: **GARY WATSON** 300 NEW ALBANY RD

MORRISTOWN, NJ

County: NJ Spill:

Not reported

Not reported

Name: Phone: Date:

Not reported Not reported

Local Municipality

Name: Phone: **CAMDEN CITY** 609-757-7400

Spill

No

Not reported

Date:

07/26/1995

Other:

Name: Not reported Phone: Not reported Date: Not reported

Incident:

Name: Not reported Region: BFO-CAS Date: 07/26/1995

ITM: Incident Description:

Wind Direction/Speed:

Assistance Requested:

Date A310 Letter Printed: Date Local Authority Was Notified:

Date Update:

Date Report Faxed to Local Authority: Local Authority Notification Date 1: Local Authority Notification Date 2:

Local Authority Notification Date 3: SPILL FROM A MOTOR VEHICLE.CLEAN UP BEING DONE

Status at Spill: Comments:

CHART D

Company:

Title:

Title:

PSE&G **OPR SUPER**

PSE&G

609-778-6721

Phone: Title:

Not reported Not reported

Time:

OPR 98

Title: Time:

12:48

Title: Time: Not reported Not reported

Referred To:

Telephone: Incident Time: DRPSR

Faxed.Mailed Not reported

CONRAIL PROPERTY (FORMER) STATE ST SE CAMDEN, NJ

SHWS:

NJL800184996 Facility 1D: Case Status: **ACTIVE**

Contact: **BFO-S** Facilty Status: OPEN CEA/DER:

Not reported

SHWS

S103029739 N/A

Case ID: Status Date: 951114144821 01/09/1997

EDR ID Number **EPA ID Number**

Site

CONSOLIDATED CHEMX 4TH+JEFFERSON STS CAMDEN, NJ

NJ Release NJ Spills

S102209738 N/A

NJ Release:

Facility ID:

18439 10/13/1994

Date Received: Location:

Facility Not reported

Facility Phone:

10/13/1994

Date of Incident: Substance(s):

UNKNOWN LIQUID

Substance Type: A310 Letter:

Liquid No Hazrds Material: Unknown

COMU:

0408 Amnt Released: UNK

Release Type:

Continuous

Injuries: Public Exposure: No Police at Scene: No Contamination of: Land

Caller:

Name:

DET.CHAS CAHILLY

Address: Telephone: CAMDEN, NJ 609-757-7429

Responsible Party:

Name:

Known Contact: N/A

Address:

4TH+JEFFERSON STS 08102, NJ

CAMDEN CAMDEN

County:

Date:

NJ Spill:

Name: Telephone: Not reported Not reported Not reported

Local Municipality:

Name: Telephone: Not reported Not reported Not reported

Date:

Other:

Name: Telephone: Not reported Not reported Not reported

Date: Incident:

Name:

FURMAN STOOP

Region:

ER2 10/13/1994

Date: ITM:

В

Incident Description:

Spill

Wind Direction/Speed: Assistance Requested: Not reported Yes

Date A310 Letter Printed: Date Local Authority Was Notified: Not reported Not reported

Date Update: Date Report Faxed to Local Authority: Not reported Local Authority Notification Date 1:

Not reported Not reported

Local Authority Notification Date 2: Local Authority Notification Date 3: Not reported Not reported Case Number:

94-10-13-1450-21

Operator:

JOYCE Nature of Incident: Municipal

Facility Type:

Industrial

Time of Incident:

ONGO

Substance Identity: Unknown TCPA Chemical: CAS Number:

Unknown Not reported

Ref. Code:

002

Release VE:

Not reported

Contained: Nο Facility Evacuation: No Public Evacuation: No

Firemen at Scene: No

Receiving Water: Not reported

CAMDEN PD/ARSON SQ

Title:

Company:

Title:

CONSOLIDATED CHEMX

Not reported

Telephone:

N/A

Title:

Not reported

Time:

Not reported

Municipality Title:

Not reported

Time:

Not reported

Title:

Not reported

Time:

Not reported

Referred To: Telephone:

DRPSR

Incident Time:

Office, Faxed 14:56

CONSOLIDATED CHEMX (Continued)

S102209738

Status at Spill:

DRUMS ON PROPERTY SUSPECTED TO BE LEAKING. FACILITY IN THE PROCESS OF

CLOSING UP. ASSISTANCE REQUESTED.

Comments:

Not reported

Not reported

UNKNOWN LIQUID

10/13/1994

18439

Liquid

No

NJ Spill:

Facility ID:

Date Received: 10/13/1994 Facility

Location: Facility Phone: Date of Incident:

Substance(s):

Substance Type:

A310 Letter: Hazrds Material:

Unknown COMU: 0408 Amnt Released: UNK Continuous

Release Type: Injuries:

No Public Exposure: No Police at Scene: No Contamination of: Land

Caller:

Name:

DET.CHAS CAHILLY

Address: Phone:

CAMDEN, NJ 609-757-7429

Responsible Party:

Name: Contact:

Known N/A

Address:

4TH+JEFFERSON STS CAMDEN 08102, NJ CAMDEN

County:

NJ Spill:

Name: Not reported Phone: Not reported Date: Not reported

Local Municipality:

Name: Phone:

Not reported Not reported Not reported

Date: Other:

> Name: Not reported Phone:

> Not reported Date: Not reported

Incident:

FURMAN STOOP Name: Region: ER2

Date:

10/13/1994

Spill Not reported

Yes

Not reported

Not reported

Not reported

Not reported

Not reported

Not reported

ITM:

Incident Description: Wind Direction/Speed:

Assistance Requested: Date A310 Letter Printed:

Date Local Authority Was Notified: Date Update:

Date Report Faxed to Local Authority: Local Authority Notification Date 1:

Local Authority Notification Date 2:

Case Number:

94-10-13-1450-21

JOYCE Operator: Nature of Incident: Municipal Facility Type: Industrial Time of Incident: **ONGO**

Substance Identity: Unknown TCPA Chemical: Unknown CAS Number: Not reported Ref. Code: 002 Release VE: Not reported

Contained: No Facility Evacuation: No Public Evacuation: No Firemen at Scene: No

Receiving Water: Not reported

Title:

CAMDEN PD/ARSON SQ

Company:

CONSOLIDATED CHEMX Not reported

Title:

N/A

Phone: Title:

Not reported

Time:

Not reported

Title:

Not reported

Time:

Not reported Not reported

Title: Time:

Not reported

Referred To:

DRPSR

Telephone: Incident Time: Office, Faxed

14:56

EDR ID Number EPA ID Number

CONSOLIDATED CHEMX (Continued)

S102209738

Local Authority Notification Date 3:

Not reported

DRUMS ON PROPERTY SUSPECTED TO BE LEAKING. FACILITY IN THE PROCESS OF Status at Spill:

CLOSING UP. ASSISTANCE REQUESTED.

Comments:

Not reported

BEN FRANKLIN BRIDGE AT THE TOLL PLAZA CAMDEN, NJ

NJ Release

S102208204

NJ Spills N/A

NJ Release: .

Site

Facility ID: 15313 Date Received: 08/23/1994

Location: Other Facility Phone:

Not reported 08/23/1994

Date of Incident: Substance(s): OIL LIKE SUBSTANCE

Substance Type: Liquid

A310 Letter: Yes Hazrds Material: Yes COMU: 0408

Amnt Released: 5-6 GAL Release Type: Terminated

Injuries: Public Exposure: No Police at Scene: Yes Contamination of: Land, Water

Caller:

Name: MATTHEW SALINE **BRIDGE PLAZA** Address:

CAMDEN, NJ 609-963-6420

Telephone: Responsible Party:

Name: UnKnown Contact: Not reported Address: Not reported County: Not reported

NJ Spill:

OEM Name:

Telephone: 609-882-2000 08/23/1994 Date:

Local Municipality:

Name: Not reported Telephone: Not reported Date: Not reported

Other:

Not reported Name: Telephone: Not reported Not reported Date:

Incident:

Name: JIM MANUEL Region: ER2 08/23/1994 Date: ITM: В Name: Not reported

Region: HQ1 Date: 08/23/1994

ITM: Incident Description:

Spill

Case Number:

94-8-23-1830-29 Operator: DIANNE Nature of Incident: Facility

Facility Type: Time of Incident:

Residential 18:19

Substance Identity: Known TCPA Chemical: No

CAS Number: Not reported Ref. Code: 002

Release VE: Estimate Contained: No Facility Evacuation: No Public Evacuation: No Firemen at Scene: No

Receiving Water:

DELAWARE RIVER

Title:

DELAWARE RIV PORT

Company: Not reported Title: Not reported

Telephone:

Not reported

Title:

FAXED

Time:

Not reported

Municipality Title:

Not reported

Time:

Not reported

Title:

Not reported

Time:

Not reported

Referred To: Telephone:

DRPSR Paged, Faxed 19:03

Incident Time:

Referred To: Telephone: Incident Time: DFG Faxed

Not reported

EDR ID Number EPA ID Number

S102208204

BEN FRANKLIN BRIDGE (Continued)

Not reported

Wind Direction/Speed: Assistance Requested:

Yes

Date A310 Letter Printed:

08/23/1994

Date Local Authority Was Notified:

Not reported

Date Update:

Not reported

Date Report Faxed to Local Authority:

Not reported

Local Authority Notification Date 1:

Not reported

Local Authority Notification Date 2:

Not reported

Local Authority Notification Date 3:

Not reported

Status at Spill:

SPILL DUE TO DISABLED VEHICLE NEAR THE TOLL PLAZA, CLEAN UP DONE BY

PORT AUTH PD.& MAINTENANCE DEPT. PORT AUTH. REQUESTING PHONE CALL.

Comments:

UPDATE 1921HRS RESP PARTY GORDEN TRUCK LEASING 215-744-3311. AS PER

MATTHEW SALINE, DR

NJ Spill:

Site

15313

Facility ID: Date Received:

Location:

08/23/1994 Other

Facility Phone: Not reported

Date of Incident: 08/23/1994

Substance(s): OIL LIKE SUBSTANCE

Substance Type: Liquid

A310 Letter:

Yes Yes

Hazrds Material:

COMU: 0408

Amnt Released: 5-6 GAL

Terminated Release Type:

Injuries:

No

Public Exposure: No Police at Scene: Yes

Contamination of: Land, Water

Caller:

Name:

MATTHEW SALINE

Address:

BRIDGE PLAZA

CAMDEN, NJ 609-963-6420

Phone:

Responsible Party:

Name: Contact:

UnKnown Not reported

Address:

Not reported

County:

Not reported

NJ Spill: Name:

OEM

Phone:

609-882-2000

Date:

08/23/1994

Local Municipality:

Name:

Not reported Not reported

Phone: Date:

Not reported

Other:

Name:

Not reported

Phone:

Not reported Not reported

Date: Incident:

Name:

JIM MANUEL

Region: Date:

ER2

08/23/1994

Case Number:

94-8-23-1830-29

Operator: Nature of Incident:

DIANNE Facility

Facility Type:

Residential

Time of Incident:

18:19

Substance Identity: Known No

TCPA Chemical: CAS Number:

Not reported

Ref. Code:

002

Release VE: Estimate

Contained: No

Facility Evacuation: No Public Evacuation: No

Firemen at Scene: No

Receiving Water:

DELAWARE RIVER

Title:

DELAWARE RIV PORT

Title:

Company:

Not reported Not reported Not reported

Phone:

FAXED.

Title: Time:

Not reported

Title:

Not reported

Time:

Not reported

Title:

Not reported

Time:

Not reported DRPSR

Referred To: Telephone: Incident Time:

Paged, Faxed

19:03

EDR ID Number EPA ID Number

S102208204

BEN FRANKLIN BRIDGE (Continued)

ITM:

R

Name:

Not reported HQ1

Region: Date:

08/23/1994

ITM:

Name: Region: Not reported Not reported Not reported

Date: ITM:

Not reported

MATTHEW SALINE. DR

Spill

Yes

Not reported

08/23/1994

Not reported

Not reported

Not reported

Not reported

Not reported

Incident Description:

Wind Direction/Speed:

Assistance Requested: Date A310 Letter Printed:

Date Local Authority Was Notified:

Date Update:

Date Report Faxed to Local Authority: Not reported Local Authority Notification Date 1: Local Authority Notification Date 2:

Local Authority Notification Date 3: Status at Spill: SPILL DUE TO DISABLED VEHICLE NEAR THE TOLL PLAZA. CLEAN UP DONE BY

1369

Other

0408

01/28/1995

Comments:

1300 BLOCK OF THURMAN ST

CAMDEN, NJ NJ Spill:

> Facility ID: Date Received:

Location: Facility Phone:

Not reported Date of Incident: 01/28/1995 Substance(s): OIL FUEL #2

Substance Type: Liquid A310 Letter: Yes Hazrds Material: Yes

COMU: Amnt Released:

5 GALLON Release Type: **Terminated** Injuries:

Public Exposure: No Police at Scene: No Contamination of: Land

Caller:

Name: Address:

MIKE LONG

1708 UNION LANDING CINNAMINSON, NJ

Phone:

609-786-0707

Responsible Party:

Name:

Known Contact: MIKE LONG

Address:

1708 UNION LANDING

CINNAMINSON, NJ BURLINGTON

County: NJ'Spill:

Name:

Not reported

Referred To:

Telephone:

DFG Not reported

Incident Time: Not reported

Referred To: Telephone:

PORT AUTH PD.& MAINTENANCE DEPT. PORT AUTH. REQUESTING PHONE CALL.

UPDATE 1921HRS RESP PARTY GORDEN TRUCK LEASING 215-744-3311. AS PER

Incident Time:

DFG

Not reported Not reported

NJ Release

S102212609 N/A

NJ Spills

95-1-28-1133-59 Case Number: Operator: JIMH Nature of Incident: Facility

Facility Type: Residential Time of Incident: 11:20

Substance Identity: Known TCPA Chemical: No

CAS Number: Not reported

Ref. Code: 002 Release VE: Estimate Contained: Yes

Facility Evacuation: No Public Evacuation: No Firemen at Scene: Yes

Receiving Water: Not reported

Title:

7 OIL CO.

Company:

7 OIL CO. **OWNER**

Phone:

Not reported

Title:

Title:

Not reported

EDR ID Number
Database(s) EPA ID Number

Time:

Title:

Time:

Title:

Time:

Referred To:

Incident Time:

Referred To:

Incident Time:

Referred To:

Incident Time:

Telephone:

Telephone:

Telephone:

1300 BLOCK OF (Continued)

S102212609

Phone: Not reported

Date: Not reported

Local Municipality:

Name: Phone:

CAMDEN CITY 609-757-7400 01/28/1995

Date: Other:

Site

Name: Not reported Phone: Not reported Date: Not reported

Incident:

Name: Region: Date:

ER2 01/28/1995

B.WINTERBURN

ITM: B
Name: Not reported
Region: Not reported
Date: 01/28/1995

ITM: T
Name: Not reported
Region: Not reported
Date: Not reported
ITM: Not reported

Incident Description:
Wind Direction/Speed:
Assistance Requested:

Date A310 Letter Printed: Date Local Authority Was Notified: Date Update:

Date Report Faxed to Local Authority: Local Authority Notification Date 1:

Local Authority Notification Date 1: Local Authority Notification Date 2: Local Authority Notification Date 3:

cation Date 2: Not reported cation Date 3: Not reported

Spill

No

Not reported

01/28/1995

Not reported

Not reported 01/28/1995

Not reported

Status at Spill: LEAK FROM TOP OF TRUCK ONTO ROADWAY.COMPANY DOING CLEANUP. THIS WAS DUE TO MALFUNCTION OF TRUCK.

Comments: Not reported

WELSBACH & GENERAL GAS MANTLE

.

Not reported

OPER 701

Not reported

Not reported

DRPSR

Paged

11:40

NJDOT

NJDOT

Not reported

Not reported

Not reported

Not reported

11:38

S101872179 N/A

CAMDEN, NJ

VARIOUS LOCATIONS

SHWS: Facility ID: NJD986620995

Case Status: ACTIVE
Contact: BSM
Facilty Status: OPEN

CEA/DER: Not reported

Facility ID: NJD986620995
Case Status: ACTIVE
Contact: EPA
Facilty Status: OPEN
CEA/DER: Not reported

1104-1

SHWS

11/30/1990

Case ID: Status Date:

Case ID:

Status Date:

633 11/30/1990

EDR ID Number EPA ID Number

Site

ROADWAY WOODLAND / MT EPHRIA CAMDEN, NJ

NJ Release NJ Spills

95-2-14-0749-19

JIMH

Residential

S102212986 N/A

NJ Spill: Facility ID:

Date Received: Location:

02/14/1995 Other

2110

Liquid

Facility Phone: Not reported Date of Incident: 02/14/1995 OIL FUEL

Substance(s): Substance Type: A310 Letter:

No Hazrds Material: Yes COMU: 0408 Amnt Released: 30 GALLON

Release Type: Terminated Injuries: Public Exposure: No Police at Scene: Yes

Contamination of: Land

Caller:

Name: Address: **DISP. 15** Not reported

Phone:

609-757-7500

Responsible Party:

Name: UnKnown Not reported Contact: Not reported Address: County: Not reported

NJ Spill:

Name: Not reported Phone: Not reported Date: Not reported

Local Municipality:

Name: Not reported Phone: Not reported Date: Not reported

Other:

Name: Not reported Not reported Phone: Date: Not reported Incident:

Comments:

Not reported Name: Region: **BFO-CAS** 02/14/1995 Date:

ITM:

Incident Description: Wind Direction/Speed:

Assistance Requested: Date A310 Letter Printed: Date Local Authority Was Notified:

Date Update: Date Report Faxed to Local Authority: Local Authority Notification Date 1:

Local Authority Notification Date 2: Local Authority Notification Date 3: Status at Spill:

Not reported

Not reported Not reported Not reported

Not reported

Spill

No

Not reported Not reported Not reported

FD FOUND SPILL ON GROUND . LOCALS WILL HANDLE CLEANUP

Not reported

07:04 Time of Incident: Substance Identity: Known TCPA Chemical: No

Nature of Incident: Municipal

Case Number:

Facility Type:

Operator:

CAS Number: Not reported Ref. Code: 101 Release VE: **Estimate** Contained: Yes Facility Evacuation: No Public Evacuation: No

Firemen at Scene: Yes Receiving Water: Not reported

Title:

CAMDEN FD

Company:

Not reported Title: Not reported

Phone:

Not reported

Title:

Not reported Not reported

Time:

Not reported

Title: Time:

Not reported

Title:

Not reported

Time:

Not reported

Referred To: Telephone: Incident Time: DRPSR Faxed, Mailed Not reported

Database(s)

EDR ID Number EPA ID Number

SHERWIN WILLIAMS CO 5120 1204 RTE 130 N CINNAMINSON, NJ 08077

RCRIS-SQG FINDS

1001488703 NJR000026682

RCRIS:

Owner:

MAIN LINE II ASSOC LP

(609) 482-5959

Contact:

JIM HATWAY

(609) 829-0788

Record Date:

11/16/1998

Classification:

Conditionally Exempt Small Quantity Generator

Used Oil Recyc: No

Violation Status: No violations found

CH HAINES & SONS INC ROUTE 130

CINNAMINSON, NJ 08077

UST:

Facility ID: 0035480

Install Date: 1/1/86 0:00:00

Unique Tank ID: 4.00

Operator:

Operator Address:

Owner:

Owner Address:

Tank Capacity: Tank Contents:

Tank Construction:

Tank Structure:

Pipe Contents:

Pipe Structure:

Over Fill Products: Spill Containment Around Fill Pipe:

Tank Status:

Date Tank Removed:

Date Tank Abandoned in Place:

Date Tank Taken Out of Service:

Date of Tank Sale or Transfer:

Tank Closure Number: Tank ISRA Number:

Tank in Wellhead Protection Area:

Is Facility in Compliance Rules:

UST

U000355024

N/A

Facility Status:

Facility Type:

Inactive

B. COMMERCIAL/INDUSTRIAL

Owner Tank ID:

0004

PALMYRA, NJ 08065 275.00 Gallons

F. WASTE OIL

Not reported

Not reported

B. CATHODICALLY PROTECTED STEEL

C H HAINES & SONS INC

A. SINGLE WALL H. OTHER: PVC

BOX 1 ROUTE 130

A. SINGLE WALL

·No

No

G. REMOVED 4/91 C91-0398-0709-0710

Not reported

EDR ID Number EPA ID Number

Site

C H HAINES & SONS INC (Continued)

U000355024

Facility ID: Install Date: 0035480

1/1/86 0:00:00

Facility Status: Facility Type:

Inactive

Unique Tank ID: 2.00

Owner Tank ID:

B. COMMERCIAL/INDUSTRIAL

0002

Operator:

Operator Address:

Not reported Not reported

Owner:

C H HAINES & SONS INC

Owner Address:

BOX 1 ROUTE 130 PALMYRA, NJ 08065

Tank Capacity: **Tank Contents:**

2000.00 Gallons **B. UNLEADED GASOLINE**

Tank Construction:

H. OTHER: GALV PIPE A. BARE STEEL

Tank Structure: Pipe Contents: Pipe Structure:

A. SINGLE WALL H. OTHER

A. SINGLE WALL Over Fill Products: Spill Containment Around Fill Pipe:

Tank Status:

G. REMOVED 4/91 C91-0398-0709-0710

Date Tank Removed: Not reported Not reported

Date Tank Abandoned in Place: Date Tank Taken Out of Service: Date of Tank Sale or Transfer: Tank Closure Number:

Not reported Not reported Not reported Not reported

Tank ISRA Number: Tank in Wellhead Protection Area:

Not reported

Is Facility in Compliance Rules:

Facility ID:

0035480

Facility Status: <

Inactive

0001

Install Date:

1/1/52 0:00:00

Facility Type:

B. COMMERCIAL/INDUSTRIAL

Unique Tank ID: 1.00

Owner Tank ID:

Operator:

Operator Address:

Not reported

Not reported

Owner: Owner Address: C H HAINES & SONS INC

BOX 1 ROUTE 130 PALMYRA, NJ 08065

Tank Capacity: Tank Contents: 550.00 Gallons

Tank Construction:

B. UNLEADED GASOLINE

Tank Structure:

H. OTHER: GALV PIPE B. CATHODICALLY PROTECTED STEEL

Pipe Contents: Pipe Structure: A. SINGLE WALL

Over Fill Products:

H. OTHER

Spill Containment Around Fill Pipe:

A. SINGLE WALL No

Tank Status:

Date Tank Removed:

G. REMOVED 4/91 C91-0398-0709-0710 Not reported

Date Tank Abandoned in Place: Date Tank Taken Out of Service: Date of Tank Sale or Transfer: Tank Closure Number: Tank ISRA Number:

Not reported Not reported Not reported Not reported

Tank in Wellhead Protection Area: Is Facility in Compliance Rules:

Not reported Not reported

Database(s)

EDR ID Number EPA ID Number

C H HAINES & SONS INC (Continued)

U000355024

Facility ID:

0035480

1/1/86 0:00:00

Facility Status:

Inactive

0003

Install Date:

Facility Type: Owner Tank ID: **B. COMMERCIAL/INDUSTRIAL**

Unique Tank ID: 3.00

Operator:

Not reported

Operator Address:

Not reported

Ówner: Owner Address: C H HAINES & SONS INC

BOX 1 ROUTE 130 PALMYRA, NJ 08065

Tank Capacity: Tank Contents: 275.00 Gallons F. WASTE OIL

Tank Construction:

B. CATHODICALLY PROTECTED STEEL

Tank Structure: Pipe Contents: Pipe Structure:

A. SINGLE WALL H. OTHER: PVC A. SINGLE WALL

Over Fill Products:

No

Spill Containment Around Fill Pipe: Tank Status:

G. REMOVED 4/91 C91-0398-0709-0710

Date Tank Removed:

Not reported

Date Tank Abandoned in Place: Date Tank Taken Out of Service: Not reported Not reported Not reported

Date of Tank Sale or Transfer: Tank Closure Number:

Not reported Not reported Not reported

Tank ISRA Number: Tank in Wellhead Protection Area:

Is Facility in Compliance Rules:

DERINGERS PETERBILT INC/EASY AUTO SERVICE & SUPPLI 2701 / 2703 RIVER RD

LUST

S103089473 N/A

CINNAMINSON, NJ 08077

LUST:

Facility ID:

Not reported

Facility Status:

Case Management Section

UST ID:

0120205

Lead Program Assigned to Case:

Bureau of Field Operations - Case Assignment Section

TMS Number:

C95-0823

Remecdial Level:

Not reported

Case Manager:

MB

Web Data Case Manager:

Not reported

CHASETON E CO INC. **BANNARD & ST. ROAD** CINNAMINSON, NJ 08077

UST

U000369271 N/A

Database(s)

EDR ID Number **EPA ID Number**

CHASETON E CO INC. (Continued)

U000369271

UST:

Facility ID:

0182397

Install Date:

1/1/75 0:00:00 Unique Tank ID: 1.00

Operator:

Operator Address: Owner:

Owner Address:

Tank Capacity: **Tank Contents:** Tank Construction:

Tank Structure: Pipe Contents: Pipe Structure: Over Fill Products:

Spill Containment Around Fill Pipe:

Tank Status:

Date Tank Removed:

Date Tank Abandoned in Place: Date Tank Taken Out of Service: Date of Tank Sale or Transfer: Tank Closure Number:

Tank ISRA Number: Tank in Wellhead Protection Area:

Is Facility in Compliance Rules:

Facility Status:

Facility Type: Owner Tank ID: Inactive

B. COMMERCIAL/INDUSTRIAL

PO BOX 222 RIVERTON, NJ 08077

RODMAN STATON

Not reported Not reported

2000.00 Gallons **B. UNLEADED GASOLINE**

A. BARE STEEL A. SINGLE WALL A. BARE STEEL ... A. SINGLE WALL

No No

G. REMOVED PENDING

Not reported Not reported Not reported Not reported Not reported

Not reported Not reported

TOWNSHIP OF CINNAMINSON DEPT OF PUBLIC WORKS

CINNAMINSON, NJ 08077

UST

U000358864 N/A

EDR ID Number EPA ID Number Database(s)

TOWNSHIP OF CINNAMINSON (Continued)

U000358864

UST:

Site

Facility ID: Install Date: 0085160

Unique Tank ID: 1.00

1/1/73 0:00:00

Facility Status:

Inactive

Facility Type:

C. County/Municipal

Owner Tank ID:

E1

Operator:

Operator Address:

Owner:

Owner Address:

Tank Capacity: **Tank Contents:** Tank Construction:

Tank Structure: Pipe Contents: Pipe Structure: Over Fill Products:

Spill Containment Around Fill Pipe:

Tank Status: Date Tank Removed:

Date Tank Abandoned in Place: Date Tank Taken Out of Service: Date of Tank Sale or Transfer: Tank Closure Number: Tank ISRA Number:

Tank in Wellhead Protection Area:

Is Facility in Compliance Rules:

Facility ID: Install Date: 0085160

1/1/73 0:00:00

Unique Tank ID: 2.00

Operator: **Operator Address:**

Owner: Owner Address:

Tank Capacity: Tank Contents:

Tank Construction: Tank Structure:

Pipe Contents: Pipe Structure:

Over Fill Products: Spill Containment Around Fill Pipe:

Tank Status:

Date Tank Removed: Date Tank Abandoned in Place: Date Tank Taken Out of Service: Date of Tank Sale or Transfer: Tank Closure Number: Tank ISRA Number:

Tank in Wellhead Protection Area: Is Facility in Compliance Rules:

Not reported

Not reported TOWNSHIP OF CINNAMINSON 1601 UNIONLANDING RD

CINNAMINSON, NJ 08077 4000.00 Gallons

B. UNLEADED GASOLINE A. BARE STEEL

A. SINGLE WALL A. BARE STEEL A. SINGLE WALL

Yes No

G. Removed Not reported Not reported Not reported Not reported

Not reported Not reported Not reported

Not reported

Not reported

2000.00 Gallons

A. BARE STEEL

A. SINGLE WALL

A. BARE STEEL

A. SINGLE WALL

G. Removed

Not reported

Yes

No

TOWNSHIP OF CINNAMINSON

E. MEDIUM DIESEL FUEL (NO. 2-D)

1601 UNIONLANDING RD CINNAMINSON, NJ 08077

Facility Status:

Inactive

Facility Type: C. County/Municipal Owner Tank ID:

E2

TC465843.1p Page 154 of 193

Database(s)

EDR ID Number **EPA ID Number**

TOWNSHIP OF CINNAMINSON DEPT OF PUBLIC SAFETY CINNAMINSON, NJ 08077

UST

U000358866 N/A

UST:

Facility ID: Install Date: 0085188

1/1/69 0:00:00

Facility Status: Facility Type: Owner Tank ID: Inactive

Unique Tank ID: 1.00

Not reported

C. County/Municipal **E6**

Operator:

Operator Address:

Not reported

Owner:

TOWNSHIP OF CINNAMINSON **RIVERTON & MANOR RDS**

Owner Address:

CINNANINSON, NJ 08077 1000.00 Gallons

Tank Capacity: Tank Contents:

B. UNLEADED GASOLINE

Tank Construction: Tank Structure: Pipe Contents: Pipe Structure: Over Fill Products:

Tank ISRA Number:

A. BARE STEEL A. SINGLE WALL A. BARE STEEL A. SINGLE WALL

Yes Spill Containment Around Fill Pipe: No

Tank Status:

G. REMOVED 3/20/89

Date Tank Removed: Date Tank Abandoned in Place: Date Tank Taken Out of Service: Date of Tank Sale or Transfer: Tank Closure Number:

Not reported Not reported Not reported Not reported

Not reported

Not reported

Tank in Wellhead Protection Area: Is Facility in Compliance Rules:

Not reported

TOWNSHIP OF CINNAMINSON **DEPT OF PUBLIC BLDGS & GROUNDS** CINNAMINSON, NJ 08077

UST

U000358867 N/A

Database(s)

EDR ID Number EPA ID Number

TOWNSHIP OF CINNAMINSON (Continued)

U000358867

UST:

Facility ID:

0085197

Install Date: 1/1/73 0:00:00

Unique Tank ID: 1.00

Facility Type:

Inactive

C. County/Municipal

Owner Tank ID:

Operator:

Operator Address:

Owner:

Not reported Not reported

TOWNSHIP OF CINNAMINSON

1601 UNLANDING RD

Tank Capacity:

Owner Address:

Tank Contents: Tank Construction:

Tank Structure: Pipe Contents: Pipe Structure: Over Fill Products:

Spill Containment Around Fill Pipe:

Tank Status:

Date Tank Removed: Date Tank Abandoned in Place:

Date Tank Taken Out of Service: Date of Tank Sale or Transfer: Tank Closure Number: Tank ISRA Number:

Tank in Wellhead Protection Area:

Is Facility in Compliance Rules:

Facility Status:

CINNAMINSON, NJ 08077

1000.00 Gallons H. HOME HEATING OIL (NO. 2)

A. BARE STEEL A. SINGLE WALL A. BARE STEEL A. SINGLE WALL

Yes No G. Removed

Not reported Not reported Not reported

Not reported Not reported Not reported Not reported

LUST UST

U000371602 N/A

CINNAMINSON UHAUL US HWY RT 130

CINNAMINSON, NJ 08077

LUST:

Facility ID:

Not reported

Facility Status:

Site Issued Letter of No Further Action

UST ID:

0061364

Lead Program Assigned to Case:

Bureau of Field Operations - Initial Notice Section N98-0006-B

TMS Number:

Remecdial Level:

В

Case Manager:

SF

Web Data Case Manager:

7/6/98 0:00:00

EDR ID Number Database(s)

EPA ID Number

CINNAMINSON UHAUL (Continued)

U000371602

UST:

Site

Facility ID:

0061364

Install Date:

1/1/87 0:00:00

Unique Tank ID: 1.00

Not reported

Operator: Operator Address: Owner:

Not reported

Owner Address:

AMERCO REAL ESTATE COMPANY

2101 RT 130

CINNAMINSON, NJ 08052 0.00 Gallons

No

A. IN-USE

Not reported

Tank Capacity: Tank Contents:

A. LEADED GASOLINE

Tank Construction: Tank Structure: Pipe Contents: Pipe Structure:

D. FIBERGLASS-REINFORCED PLASTIC B. DOUBLE WALL C. OTHER: LINER D. FIBERGLASS-REINFORCED PLASTIC A. SINGLE WALL C. OTHER: LINER Yes

Over Fill Products:

Spill Containment Around Fill Pipe:

Tank Status:

Date Tank Removed: Date Tank Abandoned in Place:

Date Tank Taken Out of Service: Date of Tank Sale or Transfer:

Tank Closure Number: Tank ISRA Number:

Tank in Wellhead Protection Area: Is Facility in Compliance Rules:

Facility ID:

0061364

Install Date: 1/1/87 0:00:00

Unique Tank ID: 2.00

Operator: Operator Address:

Owner:

Owner Address:

Tank Capacity:

Tank Contents:

Tank Construction: Tank Structure: Pipe Contents: Pipe Structure:

Over Fill Products: Spill Containment Around Fill Pipe:

Tank Status: Date Tank Removed:

Date Tank Abandoned in Place: Date Tank Taken Out of Service: Date of Tank Sale or Transfer:

Tank Closure Number: Tank ISRA Number:

Tank in Wellhead Protection Area: Is Facility in Compliance Rules:

AMERCO REAL ESTATE COMPANY

2101 RT 130

Not reported

Not reported

CINNAMINSON, NJ 08052

0.00 Gallons

B. UNLEADED GASOLINE

D. FIBERGLASS-REINFORCED PLASTIC B. DOUBLE WALL C. OTHER: LINER D. FIBERGLASS-REINFORCED PLASTIC

A. SINGLE WALL C. OTHER: LINER Yes

No A. IN-USE

Not reported Not reported

Not reported Not reported Not reported Not reported

Not reported

Facility Status: Facility Type:

Owner Tank ID:

Facility Status:

Owner Tank ID:

Facility Type:

Active B. COMMERCIAL/INDUSTRIAL

B. COMMERCIAL/INDUSTRIAL

E2

Database(s)

B. COMMERCIAL/INDUSTRIAL

EDR ID Number EPA ID Number

CINNAMINSON UHAUL (Continued)

U000371602

Facility ID: Install Date: 0061364

1/1/87 0:00:00

Active

E3

Unique Tank ID: 3.00

Facility Type: B. COMMERCIAL/INDUSTRIAL Owner Tank ID:

Operator Address:

Not reported Not reported

Owner:

Operator:

AMERCO REAL ESTATE COMPANY

Facility Status:

Owner Address: 2101 RT 130

CINNAMINSON, NJ 08052

Tank Capacity:

0.00 Gallons

Tank Contents: Tank Construction: Tank Structure: **Pipe Contents:** Pipe Structure:

Over Fill Products:

Date Tank Removed:

D. LIGHT DIESEL FUEL (NO. 1-D) D. FIBERGLASS-REINFORCED PLASTIC B. DOUBLE WALL C. OTHER: LINER D. FIBERGLASS-REINFORCED PLASTIC A. SINGLE WALL C. OTHER: LINER

Yes

Spill Containment Around Fill Pipe: No

Tank Status:

A. IN-USE Not reported Date Tank Abandoned in Place: Not reported Not reported Not reported Not reported

Date Tank Taken Out of Service: Date of Tank Sale or Transfer: Tank Closure Number: Tank ISRA Number:

Not reported Not reported

Tank in Wellhead Protection Area: Is Facility in Compliance Rules:

Facility ID: Install Date: 0061364

1/1/87 0:00:00

Facility Status:

E4

Facility Type: Owner Tank ID:

Unique Tank ID: 4.00 Operator:

Not reported

Not reported

Operator Address: Owner:

AMERCO REAL ESTATE COMPANY

Owner Address: 2101 RT 130

CINNAMINSON, NJ 08052

Tank Capacity: **Tank Contents:** Tank Construction: 0.00 Gallons F. WASTE OIL A. BARE STEEL

Tank Structure:

A. SINGLE WALL C. OTHER: LINER

Pipe Contents:

A. BARE STEEL

Pipe Structure:

A. SINGLE WALL C. OTHER: LINER

Over Fill Products: Spill Containment Around Fill Pipe:

Date Tank Abandoned in Place:

Date Tank Taken Out of Service:

Date of Tank Sale or Transfer:

Tank Status: Date Tank Removed:

Tank Closure Number:

A. IN-USE Not reported Not reported Not reported Not reported Not reported Not reported Not reported

No

No

Tank ISRA Number: Tank in Wellhead Protection Area: Is Facility in Compliance Rules:

Database(s)

EDR ID Number EPA ID Number

CINNAMINSON SEWERAGE AUTHORITY INDUSTRAIL HWY CINNAMINSON, NJ 08077

UST

U000365134 N/A

UST:

Facility ID:

0165701

1/1/79 0:00:00

Facility Status:

Inactive

0003

Install Date:

Facility Type: Owner Tank ID: B. COMMERCIAL/INDUSTRIAL

Unique Tank ID: 1.00

Operator:

Not reported

Operator Address:

Not reported

Owner:

CINNAMINSON SEWERAGE AUTHORITY

Owner Address:

1621 RIVERTON RD. CINNAMINSON, NJ 08077

Tank Capacity:

250.00 Gallons

Tank Contents:

A. LEADED GASOLINE H. OTHER: UNKNOWN

Tank Construction: Tank Structure:

C. OTHER

H. OTHER: UNKNOWN

Pipe Contents: Pipe Structure: Over Fill Products:

C. OTHER .

Spill Containment Around Fill Pipe:

No No

Tank Status: Date Tank Removed:

G. REMOVED Not reported

Date Tank Abandoned in Place: Date Tank Taken Out of Service:

Not reported Not reported Not reported

Date of Tank Sale or Transfer: Tank Closure Number:

Not reported Not reported

Tank ISRA Number: Tank in Wellhead Protection Area:

Not reported

Is Facility in Compliance Rules:

MERIDITH PAVING CORPORATION UNION LEADING ROAD CINNAMINSON, NJ 08077

UST

U002156328 N/A

Database(s)

EDR ID Number EPA ID Number

MERIDITH PAVING CORPORATION (Continued)

U002156328

UST:

Facility ID:

0242543

Install Date: 1/1/61 0:00:00

Unique Tank ID: 2.00

Facility Status:

Inactive

Facility Type:

Facility Status:

Owner Tank ID:

E3

Facility Type:

B. COMMERCIAL/INDUSTRIAL

B. COMMERCIAL/INDUSTRIAL

Owner Tank ID: E2

Operator:

Operator Address:

Owner:

Not reported Not reported

P O BOX 267

Tank Capacity: Tank Contents:

Owner Address:

Tank Construction: Tank Structure:

Pipe Contents: Pipe Structure: Over Fill Products:

Spill Containment Around Fill Pipe:

Tank Status:

Date Tank Removed: Date Tank Abandoned in Place:

Date Tank Taken Out of Service: Date of Tank Sale or Transfer: Tank Closure Number:

Tank ISRA Number: Tank in Wellhead Protection Area:

Is Facility in Compliance Rules:

MERIDITH PAVING CORPORATION

RIVERTON, NJ 08077

4000.00 Gallons H. HOME HEATING OIL (NO. 2)

A. BARE STEEL A. SINGLE WALL A. BARE STEEL A. SINGLE WALL

No No

G. REMOVED 3/9/93 C92-4942

Not reported Not reported Not reported

Not reported Not reported Not reported Not reported

Facility ID: Install Date: 0242543

1/1/61 0:00:00 Unique Tank ID: 3.00

Not reported

Operator Address:

Owner:

Operator:

Owner Address:

Tank Capacity: **Tank Contents:**

Tank Construction: Tank Structure:

Pipe Contents: Pipe Structure: Over Fill Products:

Spill Containment Around Fill Pipe:

Tank Status:

Date Tank Removed:

Date Tank Abandoned in Place: Date Tank Taken Out of Service:

Date of Tank Sale or Transfer: Tank Closure Number: Tank ISRA Number:

Tank in Wellhead Protection Area: Is Facility in Compliance Rules:

Not reported

MERIDITH PAVING CORPORATION

P O BOX 267 RIVERTON, NJ 08077

4000.00 Gallons

H. HOME HEATING OIL (NO. 2) A. BARE STEEL

A. SINGLE WALL A. BARE STEEL A. SINGLE WALL.

G. REMOVED 3/9/93 C92-4940

Not reported Not reported Not reported

No

Not reported Not reported Not reported

Not reported

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EDR ID Number Database(s) EPA ID Number

MERIDITH PAVING CORPORATION (Continued)

U002156328

Facility ID: Install Date: 0242543

1/1/61 0:00:00

Facility Status: Facility Type:

Inactive

Unique Tank ID: 4.00

Not reported

Owner Tank ID:

B. COMMERCIAL/INDUSTRIAL E4

Operator:

Operator Address:

Not reported

Owner:

MERIDITH PAVING CORPORATION

P O BOX 267

RIVERTON, NJ 08077 4000.00 Gallons

Tank Capacity: **Tank Contents:**

Owner Address: /

B. UNLEADED GASOLINE

Tank Construction: Tank Structure: Pipe Contents: Pipe Structure: Over Fill Products:

A. BARE STEEL A. SINGLE WALL A. BARE STEEL

A. SINGLE WALL No

Not reported

Not reported

Not reported

Spill Containment Around Fill Pipe:

Tank Status:

G. REMOVED 3/9/93 C92-4940

Date Tank Removed: Date Tank Abandoned in Place: Date Tank Taken Out of Service: Date of Tank Sale or Transfer:

Not reported Not reported Tank Closure Number: Not reported Tank ISRA Number: Not reported

Tank in Wellhead Protection Area: Is Facility in Compliance Rules:

Facility Status:

Inactive

Facility ID: 0242543 Install Date:

1/1/61 0:00:00

Facility Type: Owner Tank ID: B. COMMERCIAL/INDUSTRIAL **E**5

Unique Tank ID: 5.00 Operator:

Operator Address:

Owner:

Not reported Not reported

Owner Address:

MERIDITH PAVING CORPORATION

P O BOX 267 RIVERTON, NJ 08077

Tank Capacity: Tank Contents:

Tank Construction: Tank Structure:

4000.00 Gallons **B. UNLEADED GASOLINE** A. BARE STEEL

Pipe Contents: Pipe Structure: Over Fill Products: A. SINGLE WALL A. BARE STEEL A. SINGLE WALL

Spill Containment Around Fill Pipe:

No

Tank Status:

G. REMOVED 3/9/93 C92-4940

Date Tank Removed: Date Tank Abandoned in Place:

Not reported Not reported Date Tank Taken Out of Service: Not reported

Date of Tank Sale or Transfer: Tank Closure Number: Tank ISRA Number:

Not reported Not reported Not reported

Tank in Wellhead Protection Area: Is Facility in Compliance Rules:

Not reported

Database(s)

EDR ID Number EPA ID Number

MERIDITH PAVING CORPORATION (Continued)

U002156328

Facility ID:

0242543

Facility Status:

Inactive

Install Date: 1/1/61 0:00:00 Unique Tank ID: 1.00

Facility Type:

B. COMMERCIAL/INDUSTRIAL

Owner Tank ID:

E1

Operator:

Operator Address:

Not reported Not reported

Owner:

Owner Address:

MERIDITH PAVING CORPORATION

P O BOX 267 RIVERTON, NJ 08077

Tank Capacity:

3000.00 Gallons

Tank Contents: Tank Construction: **B. UNLEADED GASOLINE** A. BARE STEEL

Tank Structure: Pipe Contents: Pipe Structure:

A. SINGLE WALL A. BARE STEEL A. SINGLE WALL

Over Fill Products:

No

Spill Containment Around Fill Pipe:

No

Tank Status:

G. REMOVED 3/9/93 C92-4942

Date Tank Removed: Date Tank Abandoned in Place: Not reported Not reported Not reported

Date Tank Taken Out of Service: Date of Tank Sale or Transfer: Tank Closure Number:

Not reported Not reported

Tank ISRA Number:

Not reported Not reported

Tank in Wellhead Protection Area: Is Facility in Compliance Rules:

NJDOT STRUCTURE 0316-156 PEDESTRIAN BRIDGE OVER RTE 130 **CINNAMINSON TWP, NJ 08077**

RCRIS-SQG FINDS

1000543198 NJD986617132

RCRIS:

Owner:

NJĎOT

Contact:

GEORGE PONTIKOS

(216) 744-5273

Record Date:

08/21/1991

Classification:

Not reported

Used Oil Recyc: No

Violation Status: No violations found

RCRIS-SQG FINDS

1001027824 NJR000004309

DELAWARE SOLID WASTE AUTH GEORGETOWN DE, NJ 08103

DETAILED ORPHAN LISTING

EDR ID Number Site Database(s) EPA ID Number. DELAWARE SOLID WASTE AUTH (Continued) 1001027824 **RCRIS:** Owner: UNKNOWN (201) 555-1212 JOHN DOE Contact: (302) 878-3448 Record Date: 05/26/1995 Classification: Not reported Used Oil Recyc: No Violation Status: No violations found FC KERBECK AND SONS **FINDS** 1000269484 **RT 73** RCRIS-LQG NJD011588381 PALMYRA, NJ 08065 RCRIS: Owner: Not reported Contact: FRANK SCHULTZ (609) 829-8200 Record Date: 09/30/1985 Classification: Large Quantity Generator, Small Quantity Generator Used Oil Recyc: No Violation Status: Violation information exist There are 3 violation record(s) reported at this site: Date of Evaluation Area of Violation Compliance Compliance Schedule Evaluation (CSE) Generator-All Requirements 12/31/1991 Generator-All Requirements 12/31/1991 Generator-All Requirements 12/31/1991 Compliance Evaluation Inspection (CEI) Generator-All Requirements 12/31/1991 Generator-All Requirements 12/31/1991 Generator-All Requirements 12/31/1991

FINDS 1000299132 RCRIS-LQG NJD982280273

DETAILED ORPHAN LISTING

Site

Database(s)

EDR ID Number **EPA ID Number**

ATOMIC TIRE & AUTO SERVICE CO (Continued)

1000299132

RCRIS:

Owner:

ATOMIC TIRE & AUTO

(212) 555-1212

Contact:

TOM JOHANNI

(609) 665-6202

Record Date:

12/10/1987

Classification:

Large Quantity Generator

Used Oil Recyc: No

Violation Status: No violations found

AMERADA HESS STA 30250 RTE 73 BLOCK 154 LOT 2.01 PALMYRA, NJ 08065

FINDS 1000352798 **RCRIS-LQG** NJD000525758

RCRIS:

Owner:

AMERADA HESS CORP

(732) 750-6000

Contact:

TOM WHITTAKER

(732) 750-6225

Record Date:

01/13/1998

Classification:

Large Quantity Generator

Used Oil Recyc: No

Violation Status: No violations found

FILLIT SAND & GRAVEL SWF/LF **ROUTE 73 SOUTH**

PALMYRA, NJ 08065

LF: Facility ID:

Status:

0327001448

Facility Type: Facility Tel:

COMPOST

NOT OPERATING Authorized Waste: Vegetative Waste (609) 261-5355

TACONY PALMYRA FLEA MRKT **ROUTE 73** PALMYRA, NJ 08065

SWF/LF

S104232487 N/A

S104005647

N/A

LF:

Facility ID:

0327001467

Facility Type:

SAN. LANDFILL (781) 461-1600

Authorized Waste: Municipal (Household, Commercial and Institutional)

TERMINATED Facility Tel:

Database(s)

EDR ID Number EPA ID Number

THE JET SET MARINE INC ROUTE 73 NORTH PALMYRA, NJ 08065

UST

U000372777 N/A

UST:

Facility ID:

0223562 1/1/66 0:00:00

Facility Status:

Active

0006

Install Date: 1/1/0

Facility Type: Owner Tank ID: B. Commercial/Industrial

Unique Tank ID: 6.00

Operator:

Not reported Not reported

Operator Address: Owner:

DENNIS FRIDMANN ROUTE 73 NORTH

Owner Address:

PALMYRA, NJ 08065

Tank Capacity: Tank Contents: Tank Construction: Tank Structure: Pipe Contents: 500.00 Gallons
F. WASTE OIL
A. BARE STEEL
A. SINGLE WALL
A. BARE STEEL
A. SINGLE WALL

Pipe Structure: Over Fill Products:

No

Spill Containment Around Fill Pipe:

oe: No

Tank Status:

C. EMPTY 12 MONTHS OR MORE Not reported

Date Tank Removed:
Date Tank Abandoned in Place:

Not reported Not reported

Date Tank Taken Out of Service: Date of Tank Sale or Transfer:

Not reported Not reported Not reported

Tank Closure Number: Tank ISRA Number:

Not reported Not reported

Tank in Wellhead Protection Area: Is Facility in Compliance Rules:

0

EDR ID Number EPA ID Number

THE JET SET MARINE INC (Continued)

U000372777

Facility ID: Install Date: 0223562

1/1/66 0:00:00

Facility Status: Facility Type:

Active

Unique Tank ID: \1.00

Not reported

B. Commercial/Industrial Owner Tank ID: 0001

Operator:

Operator Address:

Not reported

Owner:

DENNIS FRIDMAÑN ROUTE 73 NORTH

Owner Address: Tank Capacity:

PALMYRA, NJ 08065 2000.00 Gallons A. LEADED GASOLINE

Tank Contents: Tank Construction: Tank Structure: Pipe Contents: Pipe Structure:

A. BARE STEEL A. SINGLE WALL A. BARE STEEL A. SINGLE WALL

Over Fill Products:

No

Spill Containment Around Fill Pipe:

Tank Status:

C. EMPTY 12 MONTHS OR MORE

Date Tank Removed: Date Tank Abandoned in Place: Not reported Not reported Not reported

Date Tank Taken Out of Service: Date of Tank Sale or Transfer:

Not reported Not reported

Tank Closure Number: Tank ISRA Number:

Tank in Wellhead Protection Area:

Not reported

Is Facility in Compliance Rules:

Facility ID:

Not reported

Install Date:

Facility Status: Facility Type:

Active

Unique Tank ID: 3.00

1/1/66 0:00:00

0223562

Owner Tank ID:

B. Commercial/Industrial 0003

Operator:

Not reported

Operator Address: Not reported Owner:

DENNIS FRIDMANN ROUTE 73 NORTH

Owner Address:

PALMYRA, NJ 08065

Tank Capacity: Tank Contents: 2000.00 Gallons A. LEADED GASOLINE

Tank Construction: Tank Structure: Pipe Contents:

A. BARE STEEL A. SINGLE WALL

Pipe Structure:

A. BARE STEEL

Over Fill Products:

A. SINGLE WALL

Spill Containment Around Fill Pipe:

No

No C. EMPTY 12 MONTHS OR MORE

Tank Status: Date Tank Removed:

Not reported Not reported

Date Tank Abandoned in Place: Date Tank Taken Out of Service: Date of Tank Sale or Transfer:

Not reported Not reported Not reported

Tank Closure Number: Tank ISRA Number:

Not reported Not reported

Tank in Wellhead Protection Area: Is Facility in Compliance Rules:

Database(s)

EDR ID Number **EPA ID Number**

THE JET SET MARINE INC (Continued)

U000372777

Facility ID: install Date: 0223562

1/1/66 0:00:00

Facility Status:

Active

Unique Tank ID: 4.00

Facility Type: Owner Tank ID: B. Commercial/Industrial 0004

Operator:

Operator Address:

Not reported Not reported

Owner:

DENNIS FRIDMANN ROUTE 73 NORTH

Owner Address: Tank Capacity:

PALMYRA, NJ 08065 2000.00 Gallons A. LEADED GASOLINE

Tank Contents: Tank Construction: Tank Structure: Pipe Contents: Pipe Structure:

A. BARE STEEL A. SINGLE WALL A. BARE STEEL A. SINGLE WALL

Over Fill Products: Spill Containment Around Fill Pipe:

No

Tank Status:

C. EMPTY 12 MONTHS OR MORE

Date Tank Removed: Date Tank Abandoned in Place:

Date Tank Taken Out of Service: Date of Tank Sale or Transfer: Tank Closure Number:

Not reported Not reported Not reported Not reported

Not reported

Not reported

Not reported

Tank in Wellhead Protection Area:

Is Facility in Compliance Rules: .

Facility ID:

0223562

1/1/66 0:00:00

Facility Status: Facility Type:

Active 0002

Install Date: Unique Tank ID: 2.00

Owner Tank ID:

B. Commercial/Industrial

Tank ISRA Number:

Operator:

Not reported Not reported

Operator Address: Owner:

DENNIS FRIDMANN ROUTE 73 NORTH

Owner Address: Tank Capacity:

PALMYRA, NJ 08065 2000.00 Gallons A. LEADED GASOLINE

Tank Contents: Tank Construction: Tank Structure: Pipe Contents: Pipe Structure: Over Fill Products:

A. BARE STEEL A. SINGLE WALL A. BARE STEEL A. SINGLE WALL

Spill Containment Around Fill Pipe:

Tank Status:

C. EMPTY 12 MONTHS OR MORE Not reported

Date Tank Removed: Date Tank Abandoned in Place: Date Tank Taken Out of Service: Date of Tank Sale or Transfer: Tank Closure Number: Tank ISRA Number:

Not reported Not reported Not reported Not reported Not reported Not reported

Tank in Wellhead Protection Area: Is Facility in Compliance Rules:

No

EDR ID Number **EPA ID Number**

THE JET SET MARINE INC (Continued)

U000372777

Facility ID: . Install Date:

0223562

1/1/66 0:00:00

Facility Status: Facility Type:

Active

Unique Tank ID: 7.00

Not reported

Owner Tank ID:

B. Commercial/Industrial 0007

Operator:

Operator Address:

Not reported

Owner:

DENNIS FRIDMANN ROUTE 73 NORTH

Owner Address:

PALMYRA, NJ 08065 1000.00 Gallons

Tank Capacity: **Tank Contents:** Tank Construction: Tank Structure:

Pipe Contents:

F. WASTE OIL A. BARE STEEL A. SINGLE WALL A. BARE STEEL A. SINGLE WALL

Pipe Structure: Over Fill Products:

No

Spill Containment Around Fill Pipe: No

Tank Status:

C. EMPTY 12 MONTHS OR MORE

Date Tank Removed:

Not reported

Date Tank Abandoned in Place: Date Tank Taken Out of Service: Date of Tank Sale or Transfer:

Not reported Not reported Not reported Not reported

Tank Closure Number: Tank ISRA Number:

Not reported Not reported

Tank in Wellhead Protection Area: Is Facility in Compliance Rules:

Facility ID: Install Date:

Operator:

0223562

1/1/66 0:00:00

Facility Status:

Active Facility Type:

0005

B. Commercial/Industrial

Unique Tank ID: 5.00

Owner Tank ID: Not reported

Operator Address: Not reported Owner:

DENNIS FRIDMANN Owner Address: **ROUTE 73 NORTH**

PALMYRA, NJ 08065 2000.00 Gallons

Tank Capacity: Tank Contents:

E. MEDIUM DIESEL FUEL (NO. 2-D)

Tank Construction: Tank Structure: Pipe Contents: Pipe Structure:

A. BARE STEEL A. SINGLE WALL A. BARE STEEL A. SINGLE WALL

Over Fill Products:

No

Spill Containment Around Fill Pipe:

Tank Status:

Tank ISRA Number:

C. EMPTY 12 MONTHS OR MORE Not reported

Date Tank Removed: Date Tank Abandoned in Place: Date Tank Taken Out of Service: Date of Tank Sale or Transfer: Tank Closure Number:

Not reported Not reported Not reported Not reported Not reported

Tank in Wellhead Protection Area: Is Facility in Compliance Rules:

Not reported

Database(s)

B. Commercial/Industrial

EDR ID Number EPA ID Number

THE JET SET MARINE INC (Continued)

U000372777

Facility ID:

0223562

1/1/66 0:00:00

Facility Status: Facility Type: Owner Tank ID: Active

0008

Install Date: 1/1/6 Unique Tank ID: 8.00

Not reported

Operator:
Operator Address:

Not reported

Owner:
Owner Address:

DENNIS FRIDMANN ROUTE 73 NORTH

Tank Capacity:

PALMYRA, NJ 08065 500.00 Gallons F. WASTE OIL

Tank Contents: Tank Construction: Tank Structure: Pipe Contents: Pipe Structure:

A. BARE STEEL
A. SINGLE WALL
A. BARE STEEL
A. SINGLE WALL

Over Fill Products: No Spill Containment Around Fill Pipe: No

Tank Status:

C. EMPTY 12 MONTHS OR MORE

Date Tank Removed:
Date Tank Abandoned in Place:
Date Tank Taken Out of Service:
Date of Tank Sale or Transfer:
Tank Closure Number:
Not reported

Is Facility in Compliance Rules:

Not reported ·

___ LUST

S101433194 N/A

TEXACO S/S STATE HWY 73 PALMYRA, NJ 08065

LUST:

Facility ID: Facility Status: 89-06-15-1225

Assigned to a Program

UST ID:

0139755

Lead Program Assigned to Case:

Bureau of Underground Storage Tanks
Not reported

TMS Number: Remecdial Level: Case Manager:

C2 EHF

Web Data Case Manager:

Not reported

INSTANTWHIP PHILA. INC. 300 STATE HIGHWAY #73 PALMYRA, NJ 08065 UST

U000368794 N/A

Database(s)

EDR ID Number EPA ID Number

INSTANTWHIP PHILA. INC. (Continued)

U000368794

UST:

Facility ID:

0180001

Install Date: 1/1/65 0:00:00

Unique Tank ID: 1.00

Operator:

Operator Address:

Owner:

Owner Address:

Tank Capacity: Tank Contents:

Tank Construction: Tank Structure: Pipe Contents:

Pipe Structure: Over Fill Products:

Spill Containment Around Fill Pipe:

Tank Status:

Date Tank Removed: Date Tank Abandoned in Place:

Date Tank Taken Out of Service: Date of Tank Sale or Transfer:

Tank Closure Number: Tank ISRA Number:

Tank in Wellhead Protection Area: Is Facility in Compliance Rules:

Facility Status:

Facility Type: Owner Tank ID: Inactive B. COMMERCIAL/INDUSTRIAL

0001

INSTANTSHIP PHILA: INC. **PO BOX 48**

PALMYRA, NJ 08065

2000.00 Gallons E. MEDIUM DIESEL FUEL (NO. 2-D)

TOM WILLARD

Not reported

A. BARE STEEL A. SINGLE WALL A. BARE STEEL A. SINGLE WALL

No Νo

G. Removed

Not reported Not reported Not reported Not reported

Not reported Not reported Not reported

FINDS RCRIS-LQG

1000183573

FORD MOTOR CO DELAWARE VALLEY **RTE 130** PENNSAUKEN, NJ 08110

RCRIS:

Owner:

Not reported

Contact:

GEORGE F MUSCAT

(609) 663-2100

Record Date:

08/27/1984

Classification:

Large Quantity Generator

Used Oil Recyc: No

Violation Status: No violations found

PUMPING STATION 41ST & CHESTNUT STS PENNSAUKEN, NJ 08110

NJD069037307

UST

U000352857 N/A

EDR ID Number Site Database(s) **EPA ID Number**

PUMPING STATION (Continued)

U000352857

UST:

Facility ID:

0006392

1/1/57 0:00:00

Facility Status:

Inactive

Install Date:

Facility Type: Owner Tank ID: C. County/Municipal

Unique Tank ID: 1.00

Operator: **Operator Address:** Not reported Not reported

Owner:

PENNSAUKEN SEWERAGE AUTHORITY

Owner Address:

6705 PARK AVE

PENNSAUKEN, NJ 08110 0.00 Gallons

Tank Capacity: **Tank Contents:**

D. LIGHT DIESEL FUEL (NO. 1-D)

Tank Construction: Tank Structure:

H, OTHER: UNKNOWN H. OTHER: UNKNOWN A. SINGLE WALL C. OTHER: UNKNOWN

Pipe Contents:

H. OTHER

Pipe Structure: Over Fill Products:

Not reported No

Spill Containment Around Fill Pipe:

Ńο

Tank Status:

G. REMOVED 12/21/89

Date Tank Removed:

Not reported Not reported Not reported

Date Tank Abandoned in Place: Date Tank Taken Out of Service: Date of Tank Sale or Transfer:

Not reported Not reported

Tank Closure Number: Tank ISRA Number:

Not reported Not reported

Tank in Wellhead Protection Area: Is Facility in Compliance Rules:

DELAWARE RIVER PORT AUTH B ROS BETSY ROSS BRIDGE PENNSAUKEN, NJ 08110

FINDS **RCRIS-LQG**

1000160446 NJD981490584

RCRIS:

Owner:

DELAWARE RIVER PORT AUTHORITY

(212) 555-1212

Contact:

CATHERINE L BOWERS

(609) 963-6420

Record Date:

06/20/1986

Classification:

Large Quantity Generator

BIENNIAL REPORTS:

Last Biennial Reporting Year: 1997

<u>Waste</u> Quantity (Lbs) D001 1250.00 D006 35.00 D008 1250.00

Quantity (Lbs) <u>Waste</u> D002 D007

D035

41.00

1250.00

1250.00

Used Oil Recyc: No

Violation Status: No violations found

EDR ID Number EPA ID Number

DELAWARE RIVER PORT AUTHORITY BETSY ROSS BRIDGE PENNSAUKEN, NJ 08110

NJ Release SHWS LUST **NJ Spills** UST

U002156527 N/A

NJ Release:

Facility ID:

12815 07/29/1993

Date Received: Location:

Other

Facility Phone: Date of Incident: 07/29/1993

609-963-6420 **GASOLINE**

Substance(s): Substance Type: Liquid -A310 Letter:

Yes Hazrds Material: Yes 0427

COMU: Amnt Released:

UNKNOWN

Release Type: Injuries:

Terminated

No Public Exposure: No Police at Scene: No

Contamination of: Land

Caller:

Name: Address:

BILL WINKLEY 27 BLEEKER ST

MILBURN, NJ

Telephone:

201-912-2428

Responsible Party:

Name:

Known

Contact: Address: **BILL WINKLEY**

BETSY ROSS BRIDGE

PENNSAUKEN, NJ

County:

CAMDEN

NJ Spill:

Name: Telephone: Not reported Not reported Not reported

Date:

Local Municipality:

Name:

PENNSAUKEN TWP 609-663-1234

Telephone: Date:

07/29/1993

Other:

Name: Not reported_ Telephone: Not reported

Date:

Incident: Name:

Not reported Not reported

Region: Date:

BFO-SA 07/29/1993

ITM: Incident Description:

L.U.S.T.

Wind Direction/Speed: Assistance Requested: Not reported No

Date A310 Letter Printed: Date Local Authority Was Notified:

Not reported Not reported

Date Update: Date Report Faxed to Local Authority:

Not reported Not reported

Local Authority Notification Date 1:

Not reported

Case Number:

93-7-29-1554-55

Operator:

ROGER Nature of Incident: Facility Industrial

Facility Type: Time of Incident:

15:00

Substance Identity: Known

TCPA Chemical: No

Not reported

CAS Number: Ref. Code:

101

Release VE:

Not reported

Contained:

Yes Facility Evacuation: No Public Evacuation: No

Firemen at Scene: No Receiving Water: NONE

Title:

KILLAM ASSOCATES

Company:

DELAWARE RIVER PORT

CONSULT

Telephone:

609-963-6420

Title:

Title:

Not reported

Time:

Not reported

Municipality Title:

OPR 122 15:59

Time:

Not reported

Title: Time:

Not reported

Referred To:

DRPSR Faxed

Telephone: Incident Time: Not reported

Database(s)

0244613

07/27/1994

EDR ID Number EPA ID Number

DELAWARE RIVER PORT AUTHORITY (Continued)

U002156527

Local Authority Notification Date 2:

Local Authority Notification Date 3:

Not reported Not reported

Status at Spill:

1-4,000 GALS UST REMOVED SOIL CONTAMINATION DISCOVERED CLEAN UP IS IN

PROGRESS.

Comments:

Not reported

SHWS:

Facility ID: NJD981490584

Case Status:

ACTIVE

Contact:

BUST

Facilty Status: OPEN CEA/DER:

Not reported

LUST:

Facility ID:

93-07-29-1554

Facility Status:

Assigned to a Program

UST ID:

0244613

Lead Program Assigned to Case:

TMS Number:

Bureau of Underground Storage Tanks C93-1145; C93-1146; C93-1148; C93-1147

Remecdial Level:

C2

Case Manager:

DA

Web Data Case Manager:

Not reported

NJ Spill:

Facility ID:

12815

07/29/1993

Date Received: Location:

Other

Facility Phone:

609-963-6420

Date of Incident: 07/29/1993

Substance(s):

GASOLINE

Substance Type: Liquid Yes

A310 Letter:

Hazrds Material: Yes

COMU:

0427

Amnt Released: UNKNOWN Terminated

Release Type:

Injuries: No

Public Exposure: No

Police at Scene: No

Contamination of: Land

Caller:

Name:

BILL WINKLEY

Address:

27 BLEEKER ST

MILBURN, NJ

Phone:

201-912-2428

Responsible Party:

Name:

Known

Contact:

BILL WINKLEY

Address:

BETSY ROSS BRIDGE

PENNSAUKEN, NJ

County:

CAMDEN

NJ Spill:

Name:

Phone:

Not reported Not reported

Date:

Not reported

Local Municipality:

Name: Phone:

PENNSAUKEN TWP

609-663-1234

Case Number:

93-7-29-1554-55

Operator: **ROGER**

Nature of Incident: Facility

Facility Type:

Industrial

Case ID:

Status Date:

Time of Incident:

15:00

Substance Identity: Known

TCPA Chemical: CAS Number:

No Not reported

Ref. Code:

101 Not reported

Rèlease VE:

Contained: Yes

Facility Evacuation: No

Public Evacuation: No Firemen at Scene: No

Receiving Water:

NONE

Title:

KILLAM ASSOCATES

Company: Title:

DELAWARE RIVER PORT CONSULT

Phone: Title:

609-963-6420 Not reported

Time:

Not reported

Title:

OPR 122

EDR ID Number EPA ID Number

DELAWARE RIVER PORT AUTHORITY (Continued)

U002156527

Date:

07/29/1993

Time:

15:59

Other:

Name:

Not reported

Title:

Not reported

Phone: Date:

Not reported Not reported

Time:

Not reported

Incident:

Name: Region: Date:

Not reported BFO-SA 07/29/1993

Referred To: Telephone:

DRPSR

Incident Time:

Faxed Not reported

ITM:

Incident Description:

L.U.S.T. Not reported

Wind Direction/Speed: Assistance Requested: Date A310 Letter Printed:

No Not reported

Date Local Authority Was Notified: Date Update:

Not reported Not reported

Date Report Faxed to Local Authority: Local Authority Notification Date 1:

Not reported Not reported Not reported

Local Authority Notification Date 2: Local Authority Notification Date 3:

Not reported

Status at Spill:

1-4,000 GALS UST REMOVED SOIL CONTAMINATION DISCOVERED CLEAN UP IS IN

PROGRESS.

Comments:

Not reported

UST:

Facility ID:

0244613 1/1/70 0:00:00 **Facility Status:**

Active

Install Date:

Facility Type: Owner Tank ID: A. State E004

Unique Tank ID: 4.00

Operator:

BRIDGE MANAGER Not reported

Operator Address:

DELAWARE RIVER PORT AUTHORITY

Owner: Owner Address:

ONE PORT CENTER

CAMDEN, NJ 08101

Tank Capacity: Tank Contents:

8000.00 Gallons H. HOME HEATING OIL (NO. 2)

Tank Construction:

B. CATHODICALLY PROTECTED STEEL

Tank Structure: Pipe Contents:

A. SINGLE WALL

Pipe Structure: Over Fill Products: A. BARE STEEL A. SINGLE WALL

Spill Containment Around Fill Pipe:

No No

Tank Status:

G. REMOVED

Date Tank Removed:

Not reported Not reported

Date Tank Abandoned in Place: Date Tank Taken Out of Service:

Not reported Not reported.

Date of Tank Sale or Transfer: Tank Closure Number: Tank ISRA Number:

Not reported Not reported

Tank in Wellhead Protection Area:

Not reported

Is Facility in Compliance Rules:

EDR ID Number **EPA ID Number**

DELAWARE RIVER PORT AUTHORITY (Continued)

U002156527

Facility ID: Install Date:

Site

0244613

1/1/77 0:00:00

Facility Status: Facility Type:

Active A. State

Unique Tank ID: 1.00

Owner Tank ID: **BRIDGE MANAGER**

E001

Operator:

Operator Address:

Not reported

Owner:

DELAWARE RIVER PORT AUTHORITY

Owner Address:

ONE PORT CENTER **CAMDEN, NJ 08101** 10000.00 Gallons

Tank Capacity: **Tank Contents:**

B. UNLEADED GASOLINE

Tank Construction: Tank Structure: Pipe Contents: Pipe Structure:

D. FIBERGLASS-REINFORCED PLASTIC A. SINGLE WALL' A. BARE STEEL

Over Fill Products:

A. SINGLE WALL

Spill Containment Around Fill Pipe:

No

No

Tank Status:

G. REMOVED Not reported

Date Tank Removed: Date Tank Abandoned in Place: Date Tank Taken Out of Service:

Not reported Not reported Not reported

Date of Tank Sale or Transfer: Tank Closure Number: Tank ISRA Number:

Not reported Not reported Not reported

Tank in Wellhead Protection Area:

Is Facility in Compliance Rules:

Facility Status:

Facility Type:

Active

Facility ID: 0244613 Install Date:

1/1/72 0:00:00 Unique Tank ID: 3.00

A. State Owner Tank ID: E003

Operator:

BRIDGE MANAGER

Operator Address:

Not reported **DELAWARE RIVER PORT AUTHORITY**

Owner:

ONE PORT CENTER

Owner Address:

CAMDEN, NJ 08101 1000.00 Gallons

Tank Capacity: **Tank Contents:**

E. MEDIUM DIESEL FUEL (NO. 2-D) **B. CATHODICALLY PROTECTED STEEL**

Tank Construction: Tank Structure: Pipe Contents:

A. SINGLE WALL A. BARE STEEL

Pipe Structure:

A. SINGLE WALL

Over Fill Products:

No

Spill Containment Around Fill Pipe: Tank Status:

No G. REMOVED

Date Tank Removed: Date Tank Abandoned in Place: Date Tank Taken Out of Service: Date of Tank Sale or Transfer:

Not reported Not reported Not reported

Tank Closure Number: Tank ISRA Number:

Not reported Not reported Not reported Not reported

Tank in Wellhead Protection Area: Is Facility in Compliance Rules:

EDR ID Number **EPA ID Number**

DELAWARE RIVER PORT AUTHORITY (Continued)

U002156527

Facility ID: Install Date:

Site

0244613

1/1/90 0:00:00

Facility Status: Facility Type: Owner Tank ID: Active A. State

Unique Tank ID: 6.00

BRIDGE MANAGER

E006

Operator:

Operator Address:

Not reported

DELAWARE RIVER PORT AUTHORITY

Owner: Owner Address:

ONE PORT CENTER **CAMDEN, NJ 08101** 9000.00 Gallons

Tank Capacity: Tank Contents: Tank Construction:

B. Unleaded Gasoline B. Cathodically protected steel

Tank Structure: Pipe Contents:

B. DOUBLE WALL D. Fiberglass-reinforced plastic

Pipe Structure: Over Fill Products: **B. DOUBLE WALL**

Yes Spill Containment Around Fill Pipe: Yes

Tank Status:

A. IN-USE Not reported

Date Tank Removed: Date Tank Abandoned in Place: Date Tank Taken Out of Service: Date of Tank Sale or Transfer: Tank Closure Number:

Not reported Not reported Not reported Not reported Not reported

Tank ISRA Number: Tank in Wellhead Protection Area:

Not reported

Is Facility in Compliance Rules:

Facility ID:

0244613

Facility Status:

Active

Install Date:

1/1/90 0:00:00

Facility Type: Owner Tank ID:

A. State E007

Unique Tank ID: 7.00

Operator:

BRIDGE MANAGER

Operator Address:

Not reported

Owner: Owner Address:

Tank Capacity:

DELAWARE RIVER PORT AUTHORITY

ONE PORT CENTER **CAMDEN, NJ 08101** 3000.00 Gallons

Tank Contents: Tank Construction: E. Medium Diesel Fuel (No. 2-D)

Tank Structure: Pipe Contents:

B. CATHODICALLY PROTECTED STEEL

Pipe Structure:

B. DOUBLE WALL D. Fiberglass-reinforced plastic

Over Fill Products:

B. DOUBLE WALL

Spill Containment Around Fill Pipe:

Yes Yes

Tank Status:

A. IN-USE

Date Tank Removed: Date Tank Abandoned in Place:

Not reported Not reported Not reported

Date Tank Taken Out of Service: Date of Tank Sale or Transfer: Tank Closure Number:

Not reported Not reported Not reported

Tank ISRA Number: Tank in Wellhead Protection Area: Is Facility in Compliance Rules:

Not reported

Database(s)

EDR ID Number EPA ID Number

DELAWARE RIVER PORT AUTHORITY (Continued)

U002156527

Facility ID: Install Date: 0244613

1/1/72 0:00:00

Facility Status: Facility Type:

Active A. State

Unique Tank ID: 2.00

Owner Tank ID:

E002

Operator: Operator Address:

BRIDGE MANAGER Not reported

Owner:

DELAWARE RIVER PORT AUTHORITY

Owner Address:

ONE PORT CENTER **CAMDEN, NJ 08101**

Tank Capacity: **Tank Contents:** Tank Construction: 4000.00 Gallons **B. UNLEADED GASOLINE B. CATHODICALLY PROTECTED STEEL**

Tank Structure: Pipe Contents: Pipe Structure:

A. SINGLE WALL A. BARE STEEL

Over Fill Products:

A. SINGLE WALL

Spill Containment Around Fill Pipe:

No No

Tank Status:

Date Tank Removed:

G. REMOVED Not reported

Date Tank Abandoned in Place: Date Tank Taken Out of Service: Date of Tank Sale or Transfer: Tank Closure Number:

Not reported Not reported Not reported Not reported

Tank ISRA Number: Tank in Wellhead Protection Area:

Not reported Not reported

Is Facility in Compliance Rules: ,

Facility ID:

0244613

Facility Status:

Active

Install Date: Unique Tank ID: 5.00

1/1/70 0:00:00

Facility Type: Owner Tank ID:

A. State E005

Operator:

BRIDGE MANAGER

Operator Address:

Not reported

Owner: Owner Address: **DELAWARE RIVER PORT AUTHORITY**

ONE PORT CENTER **CAMDEN, NJ 08101**

Tank Capacity: Tank Contents: 8000.00 Gallons

Tank Construction:

H. HOME HEATING OIL (NO. 2) B. CATHODICALLY PROTECTED STEEL

Tank Structure: Pipe Contents: Pipe Structure:

A. SINGLE WALL A. BARE STEEL

Over Fill Products:

A. SINGLE WALL

Spill Containment Around Fill Pipe:

No No

Tank Status:

G. REMOVED

Date Tank Removed: Date Tank Abandoned in Place: Not reported Not reported

Date Tank Taken Out of Service: Date of Tank Sale or Transfer: Tank Closure Number:

Not reported Not reported

Tank ISRA Number: Tank in Wellhead Protection Area: Not reported Not reported

Is Facility in Compliance Rules:

Not reported

EDR ID Number EPA ID Number

WHITESELL ENTERPRISES (Continued)

U000361945

Facility ID: Install Date:

Site

0125462

1/1/81 0:00:00

Facility Status:

Inactive

E3

Unique Tank ID: 3.00

Facility Type: Owner Tank ID: B. COMMERCIAL/INDUSTRIAL

Operator:

Operator Address:

Not reported Not reported

Owner:

WHITESELL ENTERPRISES

Owner Address: P.O. BOX 5005

ATTN: SUE KALAROBIC MT LAUREL, NJ 08054

Tank Capacity: Tank Contents: 10000.00 Gallons H. HOME HEATING OIL (NO. 2)

Tank Construction:

B. CATHODICALLY PROTECTED STEEL

Tank Structure: Pipe Contents:

A. SINGLE WALL

B. CATHODICALLY PROTECTED STEEL Pipe Structure: A. SINGLE WALL

Over Fill Products:

Yes

Spill Containment Around Fill Pipe:

No

. Tank Status:

Date Tank Removed:

G. REMOVED 6/2/94 C94-0626 Not reported

Date Tank Abandoned in Place: Date Tank Taken Out of Service:

Not reported Not reported Not reported

Date of Tank Sale or Transfer: Tank Closure Number: Tank ISRA Number:

Not reported Not reported Not reported

Tank in Wellhead Protection Area: Is Facility in Compliance Rules:

Facility ID:

0125462

Facility Status:

Inactive

Install Date:

1/1/44 0:00:00

Facility Type:

B. COMMERCIAL/INDUSTRIAL

Unique Tank ID: 5.00

Owner Tank ID:

E5

Operator:

Operator Address:

Not reported Not reported

Owner:

WHITESELL ENTERPRISES

Owner Address:

P.O. BOX 5005

ATTN: SUE KALAROBIC MT LAUREL, NJ 08054

Tank Capacity: **Tank Contents:** 550.00 Gallons E. Medium Diesel Fuel (No. 2-D)

Tank Construction:

A. BARE STEEL

Tank Structure: Pipe Contents:

Tank Status:

A. Single Wall A. Bare Steel

Pipe Structure: Over Fill Products: A. Single Wall No

Spill Containment Around Fill Pipe:

No G. Removed

Date Tank Removed: Date Tank Abandoned in Place: Date Tank Taken Out of Service: Date of Tank Sale or Transfer:

Not reported Not reported Not reported

Tank Closure Number: Tank ISRA Number:

Not reported Not reported Not reported

Tank in Wellhead Protection Area:

Not reported

Is Facility in Compliance Rules:

Database(s)

EDR ID Number EPA ID Number

MCLEAN PACKAGING CORP 1000 TL BUSCH MEMORIAL HWY PENNSAUKEN, NJ 08110

UST

U003404426 N/A

UST:

Facility ID: Install Date: 0326144

1/1/44 0:00:00

Facility Status: Facility Type:

Active

B. Commercial/Industrial

Owner Tank ID:

Unique Tank ID: 1.00 Operator:

Operator Address:

Not reported Not reported

Owner: Owner Address: MCLEAN PACKAGING CORP

SALMON & TIOGA STS PHILADELPHIA, PA 19134

Tank Capacity:

10000.00 Gallons

Tank Contents:

E. Medium Diesel Fuel (No. 2-D)

Tank Construction: Tank Structure: **Pipe Contents:** Pipe Structure:

A. BARE STEEL A. SINGLE WALL A. BARE STEEL

Over Fill Products:

A. SINGLE WALL No

Spill Containment Around Fill Pipe: Tank Status:

No A. IN-USE

Date Tank Removed:

Not reported Not reported

Date Tank Abandoned in Place: Date Tank Taken Out of Service: Date of Tank Sale or Transfer: Tank Closure Number:

Not reported Not reported Not reported

Tank ISRA Number: Tank in Wellhead Protection Area: Not reported Not reported

Is Facility in Compliance Rules:

SOPP AMERICA INC 400 GRIFFITH MORGAN LANE PENNSAUKEN, NJ 08110

UST

U003105913

EDR ID Number Site Database(s) **EPA ID Number**

SOPP AMERICA INC (Continued)

U003105913

UST:

Facility ID: Install Date: 0239817

1/1/74 0:00:00

Facility Status: Facility Type:

Active

B. Commercial/Industrial

Owner Tank ID: E2

Operator:

Operator Address:

Unique Tank ID: 2.00

Owner:

Owner Address:

Tank Capacity: Tank Contents: Tank Construction: Tank Structure:

Pipe Contents: Pipe Structure: **Over Fill Products:**

Spill Containment Around Fill Pipe:

Tank Status:

Date Tank Removed:

Date Tank Abandoned in Place: Date Tank Taken Out of Service: Date of Tank Sale or Transfer:

Tank Closure Number: Tank ISRA Number:

Tank in Wellhead Protection Area:

Is Facility in Compliance Rules:

Facility ID: Install Date: 0239817 1/1/74 0:00:00

Unique Tank ID: 3.00 Operator:

Operator Address:

Owner: Owner Address:

Tank Capacity: Tank Contents: Tank Construction:

Tank Structure: Pipe Contents: Pipe Structure:

Over Fill Products: Spill Containment Around Fill Pipe:

Tank Status:

Date Tank Removed:

Date Tank Abandoned in Place: Date Tank Taken Out of Service: Date of Tank Sale or Transfer: Tank Closure Number:

Tank ISRA Number: Tank in Wellhead Protection Area:

Is Facility in Compliance Rules:

DIETER MANY PRES

Not reported

SOPP AMERICA INC

400 GRIFFITH MORGAN RD PENNSAUKEN, NJ 08110

10000.00 Gallons J. HEATING OIL (NO. 4)

A. BARE STEEL A. SINGLE WALL A. BARE STEEL A. SINGLE WALL

No No

> G. REMOVED Not reported Not reported Not reported Not reported

Not reported Not reported Not reported

DIETER MANV PRES

SOPP AMERICA INC

400 GRIFFITH MORGAN RD PENNSAUKEN, NJ 08110

E. MEDIUM DIESEL FUEL (NO. 2-D)

Not reported

6000.00 Gallons

A. BARE STEEL

A. SINGLE WALL

A. BARE STEEL

A. SINGLE WALL

G. REMOVED

Not reported .

Not reported

Not reported

Not reported

Not reported

Not reported

Not reported

No

No

Facility Status:

Active Facility Type: Owner Tank ID:

B. Commercial/Industrial

E3

TC465843.1p Page 182 of 193

Database(s)

EDR ID Number EPA ID Number

SOPP AMERICA INC (Continued)

U003105913

Facility ID:

0239817

1/1/74 0:00:00

Facility Status:

Active

E1

Install Date:

Facility Type: Owner Tank ID: B. Commercial/industrial

Unique Tank ID: 1.00

Operator:

DIETER MANY PRES

Not reported

Operator Address: Owner:

SOPP AMERICA INC

Owner Address:

400 GRIFFITH MORGAN RD

PENNSAUKEN, NJ 08110

Tank Capacity: Tank Contents: 10000.00 Gallons J. HEATING OIL (NO. 4)

Tank Construction: Tank Structure: Pipe Contents: Pipe Structure:

A. Bare steel A. Single Wall A. Bare Steel A. Single Wall

Over Fill Products:

Νo

Spill Containment Around Fill Pipe: Tank Status:

No A. In-use

Date Tank Removed:

Not reported Not reported

Date Tank Abandoned in Place: Date Tank Taken Out of Service: Date of Tank Sale or Transfer:

Not reported 2/25/99 0:00:00

Tank Closure Number: Tank ISRA Number:

Not reported Not reported Not reported

Tank in Wellhead Protection Area: Is Facility in Compliance Rules:

MCLEAN PACKAGING COMPANY HILTON RD

PENNSAUKEN, NJ 08110

UST

U002157066 N/A

EDR ID Number Site **EPA ID Number** Database(s)

MCLEAN PACKAGING COMPANY (Continued).

U002157066

Facility ID:

0250157

Install Date: 1/1/91 0:00:00

Unique Tank ID: 1.00

Facility Status: Facility Type:

Inactive

B. COMMERCIAL/INDUSTRIAL

Owner Tank ID: 0001

Operator:

Operator Address:

Owner:

Owner Address:

Tank Capacity:

Tank Contents:

Not reported MCLEAN PACKAGING CO 1000 BUSH MEMORIAL HWY PENNSAUKEN, NJ 08110

Not reported

10000.00 Gallons D. LIGHT DIESEL FUEL (NO. 1-D)

Tank Construction:

A. BARE STEEL A. SINGLE WALL

Tank Structure: Pipe Contents: Pipe Structure:

A. BARE STEEL A. SINGLE WALL No

Over Fill Products: Spill Containment Around Fill Pipe:

Tank Status:

G. REMOVED Not reported

Not reported

Not reported

Not reported

0

Date Tank Removed: Date Tank Abandoned in Place:

Date Tank Taken Out of Service:

Date of Tank Sale or Transfer: Tank Closure Number:

Not reported Tank ISRA Number: Not reported Tank in Wellhead Protection Area: Not reported

Is Facility in Compliance Rules:

RCRIS-SQG FINDS

1000457186 NJD986597920

PROCTOR EXPRESS INC 4192 NATL HWY PENNSAUKEN, NJ 08110

RCRIS:

Owner:

Not reported

Contact:

Not reported

Record Date:

12/31/1979

Classification:

Not reported

Used Oil Recyc: No

Violation Status: Violation information exist

There are 1 violation record(s) reported at this site:

Evaluation

Other Evaluation

Area of Violation

Date of Compliance.

Generator-All Requirements

WARD SAND AND MATERIALS **RIVER ROAD** PENNSAUKEN, NJ 08110

CERCLIS Classification Data:

Site Incident Category: Not reported Ownership Status:

Unknown

Contact:

MICHELE BRICE-ROBINSON

CERCLIS FINDS

1000481527 NJD000575266

Federal Facility: Not a Federal Facility Not on the NPL

NPL Status:

Contact Tel:

(212) 637-3300

EDR ID Number Site Database(s) **EPA ID Number**

WARD SAND AND MATERIALS (Continued)

1000481527

U002156564

N/A

Contact: **BOBBY DEASE** Contact Tel: (732) 906-6893 Contact: **EUGENE DOMINACH** Contact Tel: (908) 321-6666 Contact: HONORA DROHAN Contact Tel: (212) 637-4355 Contact: **GLADYS LEYNES** Contact Tel: (212) 637-3301

Contact: MARK SAVEDOFF Contact Tel: (732) 321-4341 Contact: MARK SAVEDOFF Contact.Tel: (908) 321-4341

CERCLIS Assessment History:

Assessment: DISCOVERY Completed: 19900510 Assessment: PRELIMINARY ASSESSMENT Completed: 19900621

SITE INSPECTION Assessment: Completed: 19910328

CERCLIS Site Status:

High

UST:

Facility ID:

Install Date:

CERCLIS Alias Name(s):

PENNSAUKEN SANITARY LANDFILL

FORMER FORD AUTO PARTS FACILITY 8275 NJ STATE HWY 130 PENNSAUKEN, NJ 08110

> **Facility Status:** Inactive

Facility Type: B. COMMERCIAL/INDUSTRIAL

UST

1/1/61 0:00:00 Unique Tank ID: 1.00 Owner Tank ID: 0001

Operator: Not reported Operator Address: Not reported

0245027

Owner: FORMER FORD AUTO PARTS FACILITY

Owner Address: 8275 NJ STATE HWY 130 PENNSAUKEN, NJ 08110

Tank Capacity: 3000.00 Gallons Tank Contents: A. LEADED GASOLINE Tank Construction:

A. BARE STEEL Tank Structure: A. SINGLE WALL Pipe Contents: A. BARE STEEL Pipe Structure: A. SINGLE WALL

Over Fill Products: No Spill Containment Around Fill Pipe: No

Tank Status: G. REMOVED

Date Tank Removed: Not reported Date Tank Abandoned in Place: Not reported

Date Tank Taken Out of Service: Not reported Date of Tank Sale or Transfer: Not reported Tank Closure Number: Not reported Tank ISRA Number:

Not reported Tank in Wellhead Protection Area: Not reported

Is Facility in Compliance Rules:

EDR ID Number **EPA ID Number**

FORMER FORD AUTO PARTS FACILITY (Continued)

U002156564

Facility ID:

0245027

Install Date: 1/1/61 0:00:00

Unique Tank ID: 2.00

Operator Address:

Owner:

Operator:

Site

Owner Address:

Tank Capacity:

Tank Contents: Tank Construction: Tank Structure: Pipe Contents:

Pipe Structure: Over Fill Products:

Spill Containment Around Fill Pipe:

Tank Status:

Date Tank Removed: Date Tank Abandoned in Place: Date Tank Taken Out of Service:

Date of Tank Sale or Transfer: Tank Closure Number:

Tank ISRA Number: Tank in Wellhead Protection Area:

Is Facility in Compliance Rules:

Facility ID:

0245027

1/1/61 0:00:00 Install Date: Unique Tank ID: 3.00

Operator:

Operator Address:

Owner:

Owner Address:

Tank Capacity: Tank Contents:

Tank Construction:

Tank Structure: Pipe Contents:

Pipe Structure: Over Fill Products:

Spill Containment Around Fill Pipe:

Tank Status:

Date Tank Removed: Date Tank Abandoned in Place: Date Tank Taken Out of Service: Date of Tank Sale or Transfer: Tank Closure Number:

Tank ISRA Number: Tank in Wellhead Protection Area:

Is Facility in Compliance Rules:

Facility Status:

Facility Type: Owner Tank ID: Inactive

B. COMMERCIAL/INDUSTRIAL

0002

FORMER FORD AUTO PARTS FACILITY

8275 NJ STATE HWY 130 PENNSAUKEN, NJ 08110

3000.00 Gallons A. LEADED GASOLINE

Not reported

Not reported

A. BARE STEEL A. SINGLE WALL A. BARE STEEL A. SINGLE WALL

No

No

G. REMOVED

Not reported Not reported Not reported Not reported Not reported Not reported

Not reported

Not reported

Facility Status: Facility Type:

Owner Tank ID:

Inactive B. COMMERCIAL/INDUSTRIAL

0003

Not reported FORMER FORD AUTO PARTS FACILITY

8275 NJ STATE HWY 130

PENNSAUKEN, NJ 08110 10000.00 Gallons

H. HOME HEATING OIL (NO. 2) A. BARE STEEL

A. SINGLE WALL A. SINGLE WALL A. BARE STEEL

A. SINGLE WALL

No No

G. REMOVED Not reported Not reported

Not reported Not reported Not reported Not reported

Not reported

Database(s)

EDR ID Number EPA ID Number

NJDOT BRIDGE BLASTING PAINTING STRUCTURE 0413 150 152 RTE 70 PENNSAUKEN, NJ 08110 RCRIS-SQG FINDS 1001405050 NJR000027672

1000543200

NJD986617157

RCRIS:

Owner:

STATE OF NJ

(609) 530-2975

Contact:

TIMOTHY STEINBEISER

(609) 530-4293

Record Date:

01/26/1999

Classification:

Small Quantity Generator

Used Oil Recyc: No

Violation Status: No violations found

NJDOT STRUCTURE 0422-158 RTE 130 RAMP E OVER RTE 130 NB PENNSAUKEN TWP, NJ 08110

RCRIS:

Owner:

NJDOT

(609) 530-2103

Contact:

GEORGE PONTIKOS

(216) 744-5273

Record Date:

08/21/1991

Classification:

Not reported

Used Oil Recyc: No

Violation Status: No violations found

RCRIS-SQG

FINDS

RCRIS-SQG

FINDS

1000543201 NJD986617165

NJDOT STRUCTURE 0422-159 RTE 130 RAMP OVER DRPA RAMPS PENNSAUKEN TWP, NJ 08110

RCRIS:

Owner:

NJDOT

(609) 530-2103

Contact:

GEORGE PONTIKOS

(216) 744-5273

Record Date:

08/21/1991

Classification:

Not reported

Used Oil Recyc: No

Violation Status: No violations found

Database(s)

EDR ID Number EPA ID Number

NJDOT STRUCTURE 0422-160 RTE 130 RAMP G OVER RTE 130 SB PENNSAUKEN TWP, NJ 08110

RCRIS-SQG FINDS

1000543202 NJD986617173

RCRIS:

Owner:

NJDOT

(609) 530-2103

Contact:

GEORGE PONTIKOS

(216) 744-5273

Record Date:

08/21/1991

Classification:

Not reported

Used Oil Recyc: No

Violation Status: No violations found

RCRIS-SQG FINDS

1000543203 NJD986617181

NJDOT STRUCTURE 0433-153 RTE 90 RAMP F OVER RTE 90 MP PENNSAUKEN TWP, NJ 08110

RCRIS:

Owner:

NJDOT

(609) 530-2103

Contact:

GEORGE PONTIKOS

(216) 744-5273

Record Date:

08/21/1991

Classification:

Not reported

Used Oil Recyc: No

Violation Status: No violations found

RED PHOSPHOROUS FIRE AT JUNKYARD

CERCLIS

FINDS

1001230469 PA0002373108

PHILADELPHIA, PA 19134

CERCLIS Classification Data:

ARAMINGO AVE. - NORTH SIDE OF

Site Incident Category: Not reported Ownership Status:

Not reported

Contact:

Tracking System Administrative Record

CERCLIS Assessment History:

Assessment:

DISCOVERY

CERCLIS Site Status: Not reported

Federal Facility:

Not a Federal Facility Not on the NPL

NPL Status: Contact Tel:

(215) 814-3024

Completed:

19980525

QUICK-WAY, INC. S.E. CNR BATH / ORTHODOX STS. PHILADELPHIA, PA 19137

Landfill Facility ID:

100973

Facility Type:

Last Inspection Date: 03/05/97 RESIDENTIAL PROCESSING

Operational Status:

GOVERNMENT

SWF/LF

S103284101 N/A

DETAILED ORPHAN LISTING

EDR ID Number EPA ID Number Site Database(s)

QUICK-WAY, INC.-INCINERATOR SE CRNER BATH / ORTHODOX STS PHILADELPHIA, PA 19137

Landfill Facility ID: 400388

Last Inspection Date: 06/29/88 Facility Type:

MUNICIPAL INCINERATOR

Operational Status:

OTHER

WISSINOMING YACHT CLUB **DEVERAUX & DELAWARE AVE** PHILADELPHIA, PA 19135

UST:

Owner Name: Capacity:

WISSINOMING YACHT CLUB

3000 Tank Seq No:

001

Owner ID:

10240

Address

DEVERAUX & DELAWARE AVE

PHILADELPHIA, PA 19135

Telephone:

UST

SWF/LF

U003215228

S103595776

N/A

N/A

51-20007 Facility ID:

Date installed: Chemical:

Not reported GASOLINE

Tank ID:

103446

MSO DRUM ER 7-1-96

.5 OFF STATE RD.

Not reported

CERCLIS FINDS

1001114778 PA0001426626

PHILADELPHIA, PA 19135

CERCLIS Classification Data:

Site Incident Category: Not reported Ownership Status: Unknown

Contact: Tracking System Administrative Record ROBIN L FAUX Contact:

Contact: WANDA JOHNSON Contact: LOIS A LAURIA Contact: LINDA M MARZULLI

CERCLIS Assessment History:

Assessment:

DISCOVERY

CERCLIS Site Status: Not reported

Federal Facility: Not a Federal Facility

NPL Status: Not on the NPL Contact Tel: (215) 814-3024

Contact Tel: (215) 814-3133 Contact Tel: (215) 814-3249 Contact Tel: (215) 814-3291

Contact Tel: (215) 814-3304

Completed:

19960701

KMA LEASING INC 2949 E TIOGA DELAWARE & TIOGA ST PHILADELPHIA, PA 19134

UST:

Owner Name: KMA LEASING INC

Capacity: 10000 Tank Seq No: 001

Owner ID:

19757 Address

1342 N HOWARD ST PHILADELPHIA; PA 19122

Telephone: Not reported UST

U001457528

N/A

Facility ID: Date Installed: 51-44532 10/01/1981 DIESEL

Chemical: Tank ID:

97729

Database(s)

EDR ID Number EPA ID Number

KMA LEASING INC (Continued)

U001457528

Owner Name:

KMA LEASING INC

Capacity:

10000

Tank Seq No: Owner ID:

002

Address

19757

1342 N HOWARD ST PHILADELPHIA, PA 19122

Telephone:

Not reported

Facility ID: Date Installed:

51-44532 10/01/1981

Chemical: Tank ID:

DIESEL 102897

NATIONAL CASEIN

BROAD ST

RIVERTON, NJ 08077

CERC-NFRAP 1000259640 FINDS NJD002352029

RCRIS-LQG TRIS UST **TSCA**

RCRIS:

Owner:

Not reported

Contact:

LESTER VINCENT

(609) 829-1880

Record Date:

08/12/1980

Classification: Large Quantity Generator, Hazardous Waste Transporter

Used Oil Recyc: No

Violation Status: No violations found

CERCLIS-NFRAP Classification Data:

Site Incident Category: Not reported

Federal Facility: Not a Federal Facility

Ownership Status:

NPL Status:

Not on the NPL

Site Description:

Other

THE SITE OPERATES A GLUE MANUFACTURING FACILITY. PRIOR TO 10/82 THE

WASTE WATER WAS PUMPED INTO 3 ONSITE EVAPORATION PONDS. CLOSURE PLAN

HAS NOT BEGUN AND THE GLUE SLUDGE REMAINS IN THE LAGOONS.

THE SITE OPERATES A GLUE MANUFACTURING FACILITY. PRIOR TO 10/82 THE WASTE WATER WAS PUMPED INTO 3 ONSITE EVAPORATION PONDS. CLOSURE PLAN

HAS NOT BEGUN AND THE GLUE SLUDGE REMAINS IN THE LAGOONS.

CERCLIS-NFRAP Assessment History:

Assessment:

DISCOVERY

PRELIMINARY ASSESSMENT

Completed: Completed: 19840410 19850531

Assessment: Assessment:

SITE INSPECTION

Completed:

19860929

Assessment:

FORWARD PLANNING

Completed:

Not reported

FINDS:

Other Pertinent Environmental Activity Identified at Site:

AIRS Facility System (AIRS/AFS)

Database(s)

EDR ID Number EPA ID Number

NATIONAL CASEIN (Continued)

1000259640

Facility ID:

0026750

Install Date:

1/1/62 0:00:00

Unique Tank ID: 2.00

Operator: Operator Address:

Owner:

Owner Address:

Tank Capacity: **Tank Contents:**

Tank Construction: Tank Structure:

Pipe Contents: Pipe Structure:

Over Fill Products: Spill Containment Around Fill Pipe:

Tank Status:

Date Tank Removed:

Date Tank Abandoned in Place: Date Tank Taken Out of Service: Date of Tank Sale or Transfer:

Tank Closure Number: Tank ISRA Number:

Tank in Wellhead Protection Area:

Is Facility in Compliance Rules:

Facility ID:

0026750

Install Date: 1/1/75 0:00:00

Unique Tank ID: 3.00

Operator:

Operator Address: Owner:

Owner Address:

Tank Capacity: Tank Contents:

Tank Construction:

Tank Structure:

Pipe Contents: Pipe Structure:

Over Fill Products: Spill Containment Around Fill Pipe:

Tank Status:

Date Tank Removed:

Date Tank Abandoned in Place: Date Tank Taken Out of Service:

Date of Tank Sale or Transfer: Tank Closure Number:

Tank ISRA Number:

Is Facility in Compliance Rules:

Tank in Wellhead Protection Area:

Facility Status:

Facility Type:

Owner Tank ID:

Inactive

B. COMMERCIAL/INDUSTRIAL

BROAD ST PO BOX 226 RIVERTON, NJ 08077 0.00 Gallons

NATIONAL CASEIN CO

E. MEDIUM DIESEL FUEL (NO. 2-D)

A. BARE STEEL

Not reported

Not reported

A. SINGLE WALL A. SINGLE WALL

A. BARE STEEL A. SINGLE WALL

No

G. REMOVED DEC. 1987

Not reported Not reported

Not reported Not reported Not reported Not reported

Not reported

Facility Status:

Facility Type:

Owner Tank ID: 3

B. COMMERCIAL/INDUSTRIAL

Inactive

0.00 Gallons

Not reported

Not reported

NATIONAL CASEIN CO

BROAD ST PO BOX 226 RIVERTON, NJ 08077

H. HOME HEATING OIL (NO. 2) A. BARE STEEL

A. SINGLE WALL A. SINGLE WALL

A. BARE STEEL

A. SINGLE WALL No

G. REMOVED DEC. 1987 Not reported

Not reported Not reported Not reported Not reported

Not reported Not reported

Database(s)

EDR ID Number EPA ID Number

NATIONAL CASEIN (Continued)

1000259640

Facility ID:

0026750

1/1/79 0:00:00

Facility Status:

Inactive

Install Date:

Unique Tank ID: 1.00

Facility Type:

B. COMMERCIAL/INDUSTRIAL

Owner Tank ID:

Operator:

Operator Address:

Not reported Not reported

Owner:

NATIONAL CASEIN CO

Owner Address:

BROAD ST PO BOX 226 RIVERTON, NJ 08077

Tank Capacity: **Tank Contents:** 12000.00 Gallons

Tank Construction:

P. OTHER HAZARDOUS SUBSTANCES: VA MONOMER

Tank Structure:

D. FIBERGLASS-REINFORCED PLASTIC B. CATHODICALLY PROTECTED STEEL A. SINGLE WALL A. SINGLE WALL

Pipe Contents:

D. FIBERGLASS-REINFORCED PLASTIC B. CATHODICALLY PROTECTED STEEL

Pipe Structure: Over Fill Products:

Date Tank Removed:

A. SINGLE WALL

Yes Spill Containment Around Fill Pipe: Yes

Tank Status:

G. Removed Not reported Not reported

Date Tank Abandoned in Place: Date Tank Taken Out of Service: Date of Tank Sale or Transfer: Tank Closure Number:

Not reported Not reported Not reported Not reported .

Tank ISRA Number: Tank in Wellhead Protection Area:

Not reported

Is Facility in Compliance Rules:

TOWNSHIP OF CINNAMINSON **DEPT OF PUBLIC BLDGS & GROUNDS RIVERTON & MANOR RDS, NJ 08077**

UST

U000358868 N/A

Database(s)

EDR ID Number **EPA ID Number**

TOWNSHIP OF CINNAMINSON (Continued)

U000358868

UST:

Facility ID:

0085205

Install Date:

1/1/69 0:00:00 Unique Tank ID: 1.00

Facility Status: Facility Type:

Inactive

C. County/Municipal

Owner Tank ID:

E4

Operator:

Operator Address:

Owner: Owner Address: Not reported Not reported

TOWNSHIP OF CINNAMINSON **RIVERTON & MANOR RDS** CINNAMINSON, NJ 08077

Tank Capacity: Tank Contents:

1000.00 Gallons H. HOME HEATING OIL (NO. 2) A. BARE STEEL

Yes

Tank Construction: Tank Structure: Pipe Contents: Pipe Structure: Over Fill Products:

A. SINGLE WALL A. BARE STEEL A. SINGLE WALL

Spill Containment Around Fill Pipe:

Tank Status:

Date Tank Removed: Date Tank Abandoned in Place:

Date Tank Taken Out of Service: Date of Tank Sale or Transfer: Tank Closure Number:

Tank ISRA Number: Tank in Wellhead Protection Area:

Is Facility in Compliance Rules:

No G. Removed

Not reported Not reported Not reported Not reported

Not reported Not reported Not reported

RCRIS-SQG FINDS

1001027826 NJR000004325

JOHNSON MATTHEY 456 DEVON PARK DR OW9704 - 13 **WAYNE PA, NJ 08103**

RCRIS:

Owner:

UNKNOWN

(201) 555-1212

Contact:

KEN HOFFMAN

(610) 341-8299

Record Date:

05/26/1995

Classification:

Not reported

Used Oil Recyc: No

Violation Status: No violations found